

SERFF Tracking Number: MGCA-127197219 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 49017
 Company Tracking Number: AR PPACA MIDWEST INDIVIDUAL 15793
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: AR PPACA MIDWEST INDIVIDUAL 15793
 Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: AR PPACA MIDWEST INDIVIDUAL 15793 SERFF Tr Num: MGCA-127197219 State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed-Approved- Closed State Tr Num: 49017

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: AR PPACA MIDWEST INDIVIDUAL 15793 State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: Sergei Mordovine, Chanel Orallo, Sommay Khounlo, Jennifer Schilb

Date Submitted: 06/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date: 09/02/2011

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 08/02/2011
 State Status Changed: 08/02/2011

Deemer Date: Created By: Jennifer Schilb
 Submitted By: Sommay Khounlo Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

We are filing rate changes for your approval to our Patient Protection and Affordable Care Act (PPACA) Grandfathered and Non-Grandfathered individual health benefit plans.

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Company and Contact

Filing Contact Information

Chanel Orallo, chanel.orallo@healthmarkets.com
9151 Boulevard 26 817-255-6427 [Phone]
North Richlan Hills, TX 76180

Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas
9151 Boulevard 26 Group Code: 264 Company Type:
North Richland Hills, TX 76180 Group Name: State ID Number:
(817) 255-3100 ext. [Phone] FEIN Number: 62-0724538

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of Tennessee	\$50.00	06/08/2011	48467780

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/02/2011	08/02/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/29/2011	07/29/2011	Sommay Khounlo	08/01/2011	08/01/2011
Pending Industry Response	Rosalind Minor	07/07/2011	07/07/2011	Sommay Khounlo	07/25/2011	07/25/2011
Pending Industry Response	Rosalind Minor	06/17/2011	06/17/2011	Jennifer Schilb	06/23/2011	06/23/2011

<i>SERFF Tracking Number:</i>	<i>MGCA-127197219</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mid-West National Life Insurance Company of Tennessee</i>	<i>State Tracking Number:</i>	<i>49017</i>
<i>Company Tracking Number:</i>	<i>AR PPACA MIDWEST INDIVIDUAL 15793</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>AR PPACA MIDWEST INDIVIDUAL 15793</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/02/2011

Implementation Date: 09/02/2011

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

In your response of 8/1/11, you stated that you would accept the offer of 10% in lieu of the 20% for those 12 certificates who have an ACE rider and an 8% in lieu of the 14.54% for those 52 certificates inforce under Non-Scheduled Plans.

We are approving the above amounts on this date. Our approval is subject to the following conditions.

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Mid-West National Life Insurance Company of	4.810%	4.810%	\$36,335	233	\$755,006	29.420%	0.000%

SERFF Tracking Number: *MGCA-127197219* *State:* *Arkansas*
Filing Company: *Mid-West National Life Insurance Company of Tennessee* *State Tracking Number:* *49017*
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TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* *Sub-TOI:* *H151.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *AR PPACA MIDWEST INDIVIDUAL 15793*
Project Name/Number: */*
Tennessee

Percent Change Approved:

Minimum:	8.0%	Maximum:	10.0%	Weighted Average:	9.0%
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	No
Supporting Document	NAIC Transmittal	Approved-Closed	No
Supporting Document	Objection Response 1	Approved-Closed	No
Rate	Rate History	Approved-Closed	No

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/29/2011
Submitted Date 07/29/2011

Respond By Date

Dear Chanel Orallo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: Thank you for providing us with the additional information on the Arkansas Premiums.

In your comments of 6/23/11, you stated that 12 certificates who have an ACE rider will have a 20% increase on the rider form and 52 certificates inforce under Non-Scheduled Plans will receive a 14.54% increase.

At this time we will consider a 10% in lieu of the 20% and an 8% in lieu of the 14.54%.

We appreciate your cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/01/2011
Submitted Date 08/01/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: We would like to accept the offer of a 10% in lieu of the 20% and an 8% in lieu of the 14.54%. Thank you for reviewing our filing.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Thank you for providing us with the additional information on the Arkansas Premiums.

In your comments of 6/23/11, you stated that 12 certificates who have an ACE rider will have a 20% increase on the rider form and 52 certificates inforce under Non-Scheduled Plans will receive a 14.54% increase.

At this time we will consider a 10% in lieu of the 20% and an 8% in lieu of the 14.54%.

We appreciate your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Chanel Orallo, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/07/2011
Submitted Date 07/07/2011
Respond By Date
Dear Chanel Orallo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: I appreciate your response to my objection letter.

The Director of our Life & Health Division is requesting that you provide additional information on each of the policyholders. We would appreciate it if you could provide us a breakdown of the premiums, current and proposed, on each policyholder along with separating the base premium from the premium on the riders.

If you wish to discuss this request, you may call me at (501)371-2767.

We appreciate your continued cooperation.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/25/2011
Submitted Date 07/25/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Please see attached Premium Breakdown Exhibit. Thank you for reviewing our filing.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

I appreciate your response to my objection letter.

The Director of our Life & Health Division is requesting that you provide additional information on each of the policyholders. We would appreciate it if you could provide us a breakdown of the premiums, current and proposed, on each policyholder along with separating the base premium from the premium on the riders.

If you wish to discuss this request, you may call me at (501)371-2767.

We appreciate your continued cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Objection Response 1

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Chanel Orallo, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/17/2011
Submitted Date 06/17/2011

Respond By Date

Dear Chanel Orallo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Before final review is given to this submission, it would be appreciated if you would provide us with the percentage increase that each of the Arkansas policyholders will receive on this proposed rate increase.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/23/2011
Submitted Date 06/23/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Ms. Minor,

We apologize for any confusion. As of 5/31/2011, there are a total of 152 certificates inforce. The number of certificates by grouping is as follows: 100 certificates inforce under Scheduled Plans and will receive a 0.0% increase except for the 12 certificates who have an ACE rider which will have a 20% increase on the rider form, and 52 certificates inforce under Non-Scheduled Plans will receive a 14.54% increase.

Thank you,
Jennifer Schilb

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Before final review is given to this submission, it would be appreciated if you would provide us with the percentage increase that each of the Arkansas policyholders will receive on this proposed rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Chanel Orallo, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo

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Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company	Overall %	Overall % Rate		Written	# of Policy	Written	Maximum %	Minimum %
	Rate	Indicated			Premium	Holders	Premium for	Change	Change
	Change:	Change:			Change for	Affected for	this Program:	(where	(where
					this	this Program:		required):	required):
	Program:				Program:				
Mid-West National Life Insurance Company of Tennessee	Increase	4.810%		4.810%	\$36,335	233	\$755,006	29.420%	0.000%
	Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
	Covered Lives:		124					217	
	Policy Holders:		81					152	

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Project Name/Number:	/		

Rate Review Details

COMPANY:

Company Name:	Mid-West National Life Insurance Company of Tennessee
HHS Issuer Id:	00000
Product Names:	Scheduled Plans, Non-Schedule Plans, Riders, Accumulated Covered Expense Rider
Trend Factors:	Grandfathered Scheduled Plans 2.0%, Grandfathered Non Scheduled Plans 14.0%, Grandfathered Riders 5.0%, Grandfathered Accumulated Covered Expense Rider 20.0%, Non-Grandfathered Scheduled Plans 14.0%, Non-Grandfathered Non Scheduled Plans 14.0%, Non-Grandfathered Riders 7.0%, Non-Grandfathered Accumulated Covered Expense Rider 20.0%

FORMS:

New Policy Forms:	
Affected Forms:	Please see attached Exhibit 1
Other Affected Forms:	

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Other
Member Months:	5,316
Benefit Change:	Increase
Percent Change Requested:	Min: 0.0 Max: 29.42 Avg: 4.81

PRIOR RATE:

Total Earned Premium:	1,034,670.00
Total Incurred Claims:	598,526.00
Annual \$:	Min: 285.67 Max: 1,825.42 Avg: 1,111.94

REQUESTED RATE:

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Product Name:	AR PPACA MIDWEST INDIVIDUAL 15793		
Project Name/Number:	/		
Projected Earned Premium:	779,490.00		
Projected Incurred Claims:	499,072.00		
Annual \$:	Min: 342.81 Max: 2,090.76 Avg: 1,165.45		

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Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/02/2011	Rate History		New		AR Mid-West IND Rate History.pdf

Arkansas Rate History

Bases

Form Number	Product Name	Plan Code	Last Increase Effective Date	Last Increase Amount
26026 PPO	CAREONE PPO	ANAP20B	11/1/2010	6.00%
26026 PPO	CAREONE PPO	ANAP19B	11/1/2010	6.00%
MW-25906	FREEDOM 2001	AHAB33B	4/1/2010	8.00%
MW-25906	COVER AMERICA PLUS	AHAB36B	N/A	N/A
MW-25906	COVER AMERICA PLUS REDESIGN	AHAB41B	N/A	N/A
MW-25907	PPO 2001 REDESIGN	ANAP39B	4/1/2010	8.59%
MW-26025-IP AR	CAREONE VALUE	AHAB69B	8/1/2010	13.30%

Arkansas Rate History

Riders				
Form Number	Product Name	Plan Code	Last Increase Effective Date	Last Increase Amount
25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AP20H	N/A	N/A
25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AP19H	N/A	N/A
25983	AIR AMBULANCE 25983	AAAP20A	N/A	N/A
25983	AIR AMBULANCE 25983	AAAP19A	N/A	N/A
25984	MW -25984 MW-25884 - CHILDBIRTH	ABAP20U	N/A	N/A
25984	MW -25984 MW-25884 - CHILDBIRTH	ABAP19U	N/A	N/A
25985	DRUG MW-25985	CPX42R	N/A	N/A
25987	MW-25987 ACCIDENT BENEFIT CARE	AAAP20E	N/A	N/A
25987	MW-25987 ACCIDENT BENEFIT CARE	AAAP19E	N/A	N/A
26029	SPO THERAPY 26029 - SPO THERAPY RIDER	ASAP20S2	N/A	N/A
26029	SPO THERAPY 26029 - SPO THERAPY RIDER	ASAP19S2	N/A	N/A
26032	EMERGENCY SERVICES 26032 - EMERGENCY SERVICES RIDER	AOAP20F	N/A	N/A
26032	EMERGENCY SERVICES 26032 - EMERGENCY SERVICES RIDER	AOAP19F	N/A	N/A
MW-25882	ACCIDENT MW-25882 - ACCIDENT RIDER	AAAP39E	N/A	N/A
MW-25882	ACCIDENT MW-25882 - ACCIDENT RIDER	AAAB36E	1/1/2004	10.00%
MW-25882	ACCIDENT MW-25882 - ACCIDENT RIDER	AAAB41E	N/A	N/A
MW-25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AP39H	N/A	N/A
MW-25883	ACCUMULATED COVERED EXPENSE MW-25890 - ACCUMULATED COVERED EXPENSE RIDER	A3AB33A	1/0/1900	0.00%
MW-25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AB33H	N/A	N/A
MW-25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AB69H	N/A	N/A
MW-25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AB36H	N/A	N/A
MW-25883	CONTINUED CARE MW-25883 - CONTINUED CARE RIDER	A8AB41H	N/A	N/A
MW-25884	MATERNITY MW-25884 - CHILDBIRTH - GRADED BENEFIT RIDER	ABAB36U	4/1/2010	10.00%
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAP39G	N/A	N/A
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAB33Y	9/1/2005	15.00%
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAB36G	N/A	N/A
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAB36J	9/1/2005	5.00%
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAB36Y	9/1/2005	15.00%
MW-25885	AMBULATORY CARE MW-25885 - AMBULATORY CARE RIDER	AOAB41G	N/A	N/A
MW-25886	DOCTOR OFFICE VISIT MW-25886 - PHYSICIAN OFFICE VISIT RIDER	AZAP39W	N/A	N/A
MW-25886	DOCTOR OFFICE VISIT MW-25886 - PHYSICIAN OFFICE VISIT RIDER	AZAB33W	1/1/2004	13.00%
MW-25886	DOCTOR OFFICE VISIT MW-25886 - PHYSICIAN OFFICE VISIT RIDER	AZAB36W	1/1/2004	5.00%
MW-25886	DOCTOR OFFICE VISIT MW-25886 - PHYSICIAN OFFICE VISIT RIDER	AZAB41W	N/A	N/A
MW-25888	WELLNESS MW-25888 - WELLNESS RIDER	ADAP39F	N/A	N/A
MW-25888	WELLNESS MW-25888 - WELLNESS RIDER	ADAB36F	N/A	N/A
MW-25888	WELLNESS MW-25888 - WELLNESS RIDER	ADAB41F	N/A	N/A
MW-25890	ACCUMULATED COVERED EXPENSE MW-25890 - ACCUMULATED COVERED EXPENSE RIDER	A3AB36A	10/1/2008	25.00%
MW-25890	ACCUMULATED COVERED EXPENSE MW-25890 - ACCUMULATED COVERED EXPENSE RIDER	A3AB41A	10/1/2008	25.00%
MW-25892	DRUG MW-25892	CPX18R	4/1/2010	9.00%
MW-25892	DRUG MW-25892 - PRESCRIPTION DRUG RIDER - COMMISSIONABLE	AXAB36P	4/1/2010	9.00%
MW-25892	DRUG MW-25892	CPX15R	4/1/2010	9.00%
MW-25892	DRUG MW-25892-IR - INDIVIDUAL PRESCRIPTION DRUG RIDER - COMMISSIONABLE	AXAB33P	4/1/2010	9.00%
MW-25892	CHEMO MW-25910 - OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	AEAB36C	4/1/2010	10.00%
MW-25908	EMERGENCY ROOM MW-25908 - EMERGENCY ROOM RIDER	AOAB36R	3/1/2006	15.50%
MW-25908	EMERGENCY ROOM MW-25908 - EMERGENCY ROOM RIDER	AOAB33R	3/1/2006	15.50%
MW-25910	CHEMO MW-25910 - OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	AEAP39C	4/1/2010	10.00%
MW-25910	CHEMO MW-25910 - OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	AEAB33C	4/1/2010	10.00%
MW-25910	CHEMO MW-25910 - OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	AEAB41C	4/1/2010	10.00%
MW-25911	INJURY DEDUCTIBLE MW-25911 - INJURY DEDUCTIBLE RIDER	AAAB33D	5/1/2006	5.00%
MW-25911	INJURY DEDUCTIBLE MW-25911 - INJURY DEDUCTIBLE RIDER	AAAB36D	5/1/2006	5.00%
MW-25947	URGENT CARE MW-25947 - URGENT CARE RIDER	AOAB41Q	1/1/2006	5.00%
MW-25947	URGENT CARE MW-25947 - URGENT CARE RIDER	AOAB36Q	5/1/2006	5.00%
MW-25983 (10/05)-IR	AIR AMBULANCE 25983	A8AB69A	N/A	N/A
MW-25984 (10/05)-IR AR 09/06	MATERNITY 25984	ABAB69U	N/A	N/A
MW-25985 (10/05)-IR AR	DRUG MW-25985	CPX24R	N/A	N/A
MW-25987(10/05)-IR	MW-25987 ACCIDENT BENEFIT CARE	AAAB69E	N/A	N/A
MW-26029 (10/05)-IR	SPO THERAPY 26029 - SPO THERAPY RIDER	ASAB69S2	N/A	N/A
MW-26030 (2/06)-IR	MAJOR ILLNESS BENEFIT 26030 - MAJOR ILLNESS BENEFIT RIDER	AOAB69C	N/A	N/A
MW-26031 (2/06)-IR	MAJOR INJURY BENEFIT 26031 - MAJOR INJURY BENEFIT RIDER	AOAB69M	N/A	N/A
MW-26032 (10/05)-IR	EMERGENCY SERVICES 26032 - EMERGENCY SERVICES RIDER	AOAB69F	7/1/2008	19.57%

SERFF Tracking Number: MGCA-127197219 State: Arkansas
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 49017
Company Tracking Number: AR PPACA MIDWEST INDIVIDUAL 15793
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: AR PPACA MIDWEST INDIVIDUAL 15793
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachments: AR Mid-West IND Act Memo 6.1.11.pdf AR Mid-West IND Act Memo Exhibits 6.1.11.pdf	Approved-Closed	08/02/2011
Satisfied - Item: Cover Letter Comments: Attachments: AR Mid-West IND Cover Letter 6.1.11.pdf AR Mid-West IND Cover Letter Exhibits 6.1.11.pdf	Approved-Closed	08/02/2011
Satisfied - Item: NAIC Transmittal Comments: Attachment: AR Mid-West IND NAIC Transmittal.pdf	Approved-Closed	08/02/2011
Satisfied - Item: Objection Response 1 Comments: Attachment: Premium Breakdown Exhibit.pdf	Approved-Closed	08/02/2011

June 1, 2011

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Mid-West National Life Insurance Company of Tennessee (Mid-West)
Company NAIC # 264-66087
Company FEIN # 62-0724538
Rate Filing for Individual Health Benefit Plans

Dear Sir/Madam:

Mid-West National Life Insurance Company of Tennessee respectfully submits rates for your approval for our individual health benefit plans. These plans are individually underwritten for residents in your state. At this time, Mid-West has ceased all new sales under the filed health benefit plans. However, at this time, Mid-West does intend to continue renewing and administering these inforce blocks of business.

We are adjusting rates on some plans due to one or both of the following factors: (1) Additional Patient Protection and Affordable Care Act (PPACA) benefit requirements; and (2) adjustments for experience, trend, medical loss ratio (MLR) and rebate requirements. Attached Exhibit 1 (Rate Filing Summary by Form) shows the estimated average rate adjustment by form series.

Attached with this letter is the rate filing package including the actuarial memorandum and other supporting documentation.

Due to new requirements around benefits, MLR, and rebates outlined in PPACA, Mid-West has found it necessary to make several changes to the way we evaluate experience and develop premium rates. Because of the significance of these changes, Mid-West believes that it may be helpful to explain thoroughly the new methodology as a prelude to the rate filing and actuarial memorandum.

Changes in Experience Evaluation Methodology

Changing from nationwide pooling by product to statewide pooling by product type

Mid-West has approximately 33 different health products and 205 riders, spread across 44 states and the District of Columbia. Currently, Mid-West has approximately 163,000 members nationwide with 160 members issued in the state of Arkansas. Historically, Mid-West has evaluated experience at the product or rider level across multiple states and rate actions were determined based on a nationwide pool and were implemented on a resident state basis. States with larger membership and more credibility or unique regulatory requirements were reviewed and potentially received different rate adjustments. This evaluation was performed in the same manner for all base plans and riders separately.

Effective immediately, Mid-West's experience evaluation methodology and rate actions will be based at the issue state, statutory company, and market levels. This will align rate adjustments with PPACA MLR and rebate requirements. Mid-West is aware that the evaluation of a single product at the state level rather than the national level can result in credibility issues. To address this issue, Mid-West will pool experience at a product group level as outlined below. This will allow credibility to be maximized within a state without combining plans with significantly different benefit structures and experience patterns.

- (i) Basic hospital, surgical, medical expense incurred plans that have numerous internal benefit limits (**"Scheduled Plans"**)
- (ii) Preferred provider/catastrophic expense plans. (**"Non-Scheduled Plans"**)
- (iii) Riders that attach to the Scheduled and/or the Non-Scheduled plans and provide for additional benefits with the exception of a catastrophic expense rider. (**"Riders"**)

As noted, the one exception to these experience groupings is the Accumulated Covered Expense rider which can be attached to many of our scheduled plans. This is a catastrophic expense rider which has a very high deductible causing it to have more widely varying experience, and a higher rate of trend than other riders. To handle this appropriately, Mid-West will continue to separate the experience of this rider from other riders and pool all claims on a national basis to determine proper rate actions.

Attached Exhibit 1 (Rate Filing Summary by Form) details the product grouping we have assigned to each form.

Credibility

Given the size and nationwide spread of Mid-West's block of business, not all blocks being evaluated are fully credible within a product grouping. Mid-West evaluated several methodologies to address lack of credibility when analyzing these small blocks including experience blending, large claim pooling, and per member per month (PMPM) projection methodologies. Based on consistency of results, ease of application and understanding, and actuarial judgment, Mid-West has developed a credibility methodology which it intends to use. When evaluating a specific product grouping in a given state, the historical state experience will be given a credibility weight based on the table below with the remaining weight given to the nationwide experience of the same product grouping. To increase credibility further,

Mid-West is deriving the nationwide experience by combining its product grouping experience with that of its affiliated statutory insurance companies: The MEGA Life and Health Insurance Company (MEGA) and The Chesapeake Life and Health Insurance Company (Clico).

State Experience Credibility Factor	
Member Count	Credibility Weight
0 - 49	0%
50 - 99	25%
100 - 499	50%
500 - 999	75%
1,000 +	100%

* The resulting credibility-weighted MLR will not be adjusted by more than 25% from the starting point experience MLR.

Summary of Rate Change Request Development

Using the pooling and credibility previously described, Mid-West has calculated required rate changes for all plans. The average rate change amount for each form is shown in Exhibit 1 (Rate Filing Summary by Form) attached and the specific rate changes are included in the attached rate filing.

The effective date of these rate changes will be 8/1/2011 or upon approval, if later. Beginning in 2012, Mid-West plans to have a rate change effective on January 1 of each year. The frequency of rate change will likely be once per year. Attained age rate increases will continue to occur on the anniversary of the policy's effective date.

The rate changes in this filing are determined based on two components:

- (i) Additional benefit requirements under PPACA; and
- (ii) Rate adjustment due to experience, trend, MLR, and rebate

(1) PPACA Benefit Increase:

Historically, Mid-West has marketed health benefit plans that were designed to offer flexible and affordable benefit options that fit both the consumer's insurance needs and budget. This was accomplished by offering a base plan providing inpatient hospital and outpatient surgical benefits with various cost sharing options and benefit maximums as well as offering additional outpatient benefit riders that could be purchased. Preventive benefits were typically covered only to the extent mandated by state law. Due to the structure of Mid-West's plans, the cost of adding PPACA mandated benefits is likely higher than generally seen in the industry.

Under PPACA, certain benefits are required based on a health benefit plan's issue date:

- (i) **Grandfathered Plans** – Those plans issued on or before March 23, 2010; or
- (ii) **Non-Grandfathered Plans** – Those plans issued on or after March 24, 2010, including those issued prior to March 24, 2010 that may have made a benefit change after March 23, 2010 causing a loss of Grandfathered status.

In summary, these new benefit requirements are:

- (i) **Removal of lifetime benefit limits on Essential Benefits** – This applies to all plans.
- (ii) **Removal of annual benefit limits on Essential Benefits** – This applies to Non-Grandfathered plans only.
- (iii) **Adding first dollar Preventive Care Benefits** – This applies to Non-Grandfathered plans only.

These new benefit requirements are described in further detail in the filed Amendatory Endorsement Forms MW AE PPACA GF IM (07/10) and MW AE PPACA Non-GF (01/11). Copies of these endorsements are attached as Exhibit 2 for your reference.

Partial Pass Through of Benefit Change Costs

The regulations require that defined classes of members receive certain benefit changes. Those that are Grandfathered (the majority of Mid-West's members) will have lifetime limits removed on Essential Benefits. Other members under Non-Grandfathered health benefit plans will receive the lifetime benefit adjustments as well as the removal of annual limits and the addition of first dollar preventive care. The members that will receive the removal of the annual limits and addition of preventive care will receive a significant increase in covered benefits due to Mid-West's plan designs pre-PPACA as described above. In an attempt to minimize a significant increase in premiums for the Non-Grandfathered members, Mid-West has determined that a portion of this increase will be passed directly through to these members for the forms covered by this filing with the remainder spread across all members within the state, statutory company and product group. As reflected in this filing, 25% of the benefit cost will be passed through to the Non-Grandfathered members with the remainder absorbed by the entire product grouping pool in the state.

Determination of Cost Increase Needed for Removal of Lifetime and Annual Limits

The analysis to determine the impact on costs to remove annual and lifetime limits was accomplished through a robust study by gathering Mid-West's, and its affiliated companies MEGA's and Clico's, historical claim data and simulating re-adjudication of those actual claims under the new PPACA compliant benefit requirements. Due to the structure of the benefit plans sold by Mid-West and its affiliated companies, we felt our internal data was insufficient to price the impacts of annual aggregate maximums and lifetime maximums being removed. Therefore, we also used a study performed by Milliman to help price these benefits. Attached Exhibit 3a (Sample Full Cost Analysis Results for Removing Benefit Lifetime Limits) describes the method used to develop the cost increase for removal of lifetime benefit limits. Attached as Exhibit 3b (Sample Full Cost Analysis Results for Removing Annual and Lifetime Benefit Limits) describes the method used to develop cost increase for removal of both lifetime and annual benefit limits. These exhibits show the full premium cost estimates and do not account for the partial pass through noted above. Please note the majority of Mid-West's members will only have lifetime limits removed. Attached Exhibit 4 (Milliman Study on Aggregate Lifetime and Annual Limits) is the study on removal of lifetime and aggregate annual limits which was performed by Milliman.

Because of the benefit designs and low cost nature of Mid-West's plans (in comparison to traditional major medical plans), these benefit cost increases may be higher than others in the industry are estimating. Below Exhibit 5 (Non-preventive Cost Impact on PPACA Benefit Changes) shows the estimates of the average cost increase for the benefits and the proposed premium pass through by product type and PPACA status. The cost increase for some of the rider categories is significant because the rider benefits are typically subject to lower cost sharing and maximums than the base plan (i.e. not subject to the base plan deductible).

Exhibit 5 - Non-Preventive Cost Impact on PPACA Benefit Changes Exhibit ARKANSAS - MID-WEST Effective 8/1/2011				
State	Product Type	PPACA Grandfathered Status	PPACA Benefit Cost Increase Factor Calculated	PPACA Benefit Premium Increase Factor Passed Through on Members Receiving PPACA Benefits *
AR	NON-SCHEDULED BASE	GF	6.00%	0.00%
AR	SCHEDULED BASE	GF	1.00%	0.00%
AR	ACCIDENT RIDER	GF	0.00%	0.00%
AR	ACCUMULATED COVERED EXPENSE RIDER	GF	15.00%	0.00%
AR	AIR AMBULANCE RIDER	GF	0.00%	0.00%
AR	AMBULATORY CARE RIDER	GF	3.00%	0.00%
AR	CONTINUED CARE RIDER	GF	15.00%	0.00%
AR	CHEMOTHERAPY RIDER	GF	30.00%	0.00%
AR	DOCTOR OFFICE VISIT RIDER	GF	0.00%	0.00%
AR	DRUG RIDER	GF	0.00%	0.00%
AR	EMERGENCY SERVICES RIDER	GF	0.00%	0.00%
AR	MATERNITY RIDER	GF	0.00%	0.00%
AR	WELLNESS RIDER	GF	0.00%	0.00%
AR	NON-SCHEDULED BASE	NON-GF	14.10%	3.53%
AR	SCHEDULED BASE	NON-GF	62.75%	15.69%
AR	ACCIDENT RIDER	NON-GF	100.00%	25.00%
AR	ACCUMULATED COVERED EXPENSE RIDER	NON-GF	-100.00%	-100.00%
AR	AIR AMBULANCE RIDER	NON-GF	100.00%	25.00%
AR	AMBULATORY CARE RIDER	NON-GF	25.00%	6.25%
AR	CONTINUED CARE RIDER	NON-GF	75.00%	18.75%
AR	CHEMOTHERAPY RIDER	NON-GF	100.00%	25.00%
AR	DOCTOR OFFICE VISIT RIDER	NON-GF	40.00%	10.00%
AR	DRUG RIDER	NON-GF	30.00%	7.50%
AR	EMERGENCY SERVICES RIDER	NON-GF	40.00%	10.00%
AR	MATERNITY RIDER	NON-GF	50.00%	12.50%
AR	WELLNESS RIDER	NON-GF	-90.00%	-90.00%
* For Grandfathered members, the benefit cost pass-through is 0%. For Non-Grandfathered members, the pass-through is 25% of the average cost. In addition, in some cases, a rider will no longer be applicable if its benefits are now covered under the base plan due to PPACA benefit requirements and a separate premium will no longer be charged for the rider. For example, Non-Grandfathered members with a Wellness Rider will have preventive care under the base plan and majority of the current benefits provided by the rider will no longer be applicable.				

Determination of Applicable Premium Rate for Preventive Care Benefits

First dollar Preventive Care Benefits are required for Non-Grandfathered plans. The majority of Mid-West's products do not cover preventive care with the exception of state mandates currently subject to plan's cost sharing as allowed by law, therefore Mid-West engaged Milliman to price the Preventive Care Benefits since it lacked credible data to predict utilization patterns. Attached Exhibit 6 (Milliman Study on Preventive Care Costs) is the study.

Below Exhibit 7 (Cost and Premium Impact on PPACA Preventive Care Benefits) shows estimated cost for PPACA Preventive Care benefits and the corresponding premium Mid-West intends to pass through to Non-Grandfathered members. Again the cost estimates are likely higher than others in the industry due to the fact that our products in general had not covered Preventive Care.

Exhibit 7 - Monthly Cost and Premium Impact on PPACA Preventive Care Benefits Exhibit ARKANSAS - MID-WEST Effective 8/1/2011						
State	Age	Gender	Dependent Child	PPACA Preventive Care Benefits Cost Increase	FULL Premium Increase Required for PPACA Preventive Care Benefits	Actual Premium Increase to Members Receiving PPACA Preventive Care Benefits*
AR	0 - 24	F	N	\$18.33	\$26.19	\$6.55
AR	25 - 29	F	N	\$20.49	\$29.27	\$7.32
AR	30 - 34	F	N	\$19.38	\$27.69	\$6.92
AR	35 - 39	F	N	\$18.50	\$26.43	\$6.61
AR	40 - 44	F	N	\$23.59	\$33.70	\$8.43
AR	45 - 49	F	N	\$26.08	\$37.26	\$9.32
AR	50 - 54	F	N	\$38.95	\$55.65	\$13.91
AR	55 - 59	F	N	\$39.36	\$56.23	\$14.06
AR	60 - 63	F	N	\$41.81	\$59.73	\$14.93
AR	64 +	F	N	\$41.81	\$59.73	\$14.93
AR	0 - 24	M	N	\$3.45	\$4.93	\$1.23
AR	25 - 29	M	N	\$3.78	\$5.40	\$1.35
AR	30 - 34	M	N	\$5.15	\$7.36	\$1.84
AR	35 - 39	M	N	\$6.85	\$9.78	\$2.45
AR	40 - 44	M	N	\$9.46	\$13.52	\$3.38
AR	45 - 49	M	N	\$12.33	\$17.61	\$4.40
AR	50 - 54	M	N	\$26.57	\$37.96	\$9.49
AR	55 - 59	M	N	\$26.37	\$37.66	\$9.42
AR	60 - 63	M	N	\$29.53	\$42.18	\$10.55
AR	64 +	M	N	\$29.53	\$42.18	\$10.55
AR	All	F&M	Y	\$10.64	\$15.21	\$3.80
* This premium is only applicable in the calculation of the cost and new premium for Non-Grandfathered members.						

Summary of Cost and Premium Increase Needed Due to PPACA

Below Exhibit 8 (Cost and Premium Impact by Product Type and PPACA Status) summarizes the cost impact and premium adjustments due to PPACA benefit changes on an aggregate basis by product grouping and PPACA status.

Exhibit 8 - Monthly Cost and Premium Impact by Product Type and PPACA Status Exhibit						
ARKANSAS - MID-WEST						
Effective 8/1/2011						
State	Product Grouping	PPACA Grandfathered Status	Non Preventive Benefits		Preventive Care Benefits	
			Average Cost % Increase	Average Premium % Increase	Average Cost PMPM Increase	Average Premium PMPM Increase
AR	Scheduled Plans	GF	1.00%	0.00%	\$0.00	\$0.00
AR	Non Scheduled Plans	GF	6.00%	0.00%	\$0.00	\$0.00
AR	Riders	GF	2.29%	0.00%	\$0.00	\$0.00
Nationw ide	Accumulated Covered Expense Rider	GF	10.88%	0.66%	\$0.00	\$0.00
AR	Scheduled Plans	NON-GF	62.75%	15.69%	\$24.73	\$8.95
AR	Non Scheduled Plans	NON-GF	14.10%	3.53%	\$31.78	\$11.85
AR	Riders	NON-GF	26.27%	6.75%	\$0.00	\$0.00
Nationw ide	Accumulated Covered Expense Rider	NON-GF	-100.00%	-100.00%	\$0.00	\$0.00

*Analysis of the Accumulated Covered Expense Rider is done on a nationw ide basis with all group types and market levels combined.

(2) Rate Change Due to Experience, Trend, MLR, and Rebate Requirements:

In addition to the full pricing analysis on new PPACA benefit requirements, Mid-West has also analyzed experience on its health plans with consideration of the new minimum loss ratio and rebate requirements. In determining the adjustment necessary, Mid-West analyzed experience of its products based on the following product groupings: Scheduled, Non-Scheduled, and Riders.

The steps in the rate adjustment calculation are described below and are also detailed in Exhibit 9 (Development of Rate Adjustment Based on Trend, Experience, and MLR) attached.

Step 1. Experience Determination

An experience period of August 2009 - July 2010 was used with claims paid through October 2010. Residual rate increases (those that have been implemented but may not be fully reflected in the experience period) are accounted for.

Step 2. Credibility Adjustment

As mentioned earlier, depending on member count, a state's experience may be blended with nationwide experience to enhance credibility. The result is the adjusted experience loss ratio.

Step 3. Application of Trend

The adjusted experience loss ratio is trended forward to the rating period of May to December 2011 based on an annual trend rate that may differ by product grouping and PPACA Grandfathered status. The trend rates themselves are discussed in more detail below. In this analysis, 19 months of trend are included, which measures from the beginning of February 2010 (the mid point of the August 2009 - July 2010 experience period) to beginning of September 2011 (the mid point of the May 2011 - December 2011 projection period).

Step 4. Application of Projected PPACA Benefit Increase

The anticipated claim cost and the corresponding pass-through premium increase is added to the projected experience. Any premium increase that is not entirely passed through to the members receiving those benefits (as described earlier in this letter) will be absorbed by the pool through the projected experience loss ratio.

Step 5. Projected Loss Ratio

The Projected Loss Ratio for 2011 is calculated based on Projected Claims divided by Projected Premium.

Step 6. Target Loss Ratio

The Target Loss Ratio is 70%. This is explained in more detail below.

Step 7. Determination of Experience/Trend Rate Adjustment

The Experience/Trend rate adjustment = Projected Loss Ratio / Target Loss Ratio – 1. This result however is capped between 0% and 20%. The rationale for this range is explained in more detail below.

Selected Target Loss Ratio

PPACA requires a rebate if the medical loss ratio is below 80% less taxes, licensing fees, and regulatory fees (resulting in an estimated 75% loss ratio for Mid-West). While the law is clear on the 80% minimum, there is still considerable uncertainty in the regulations and throughout the industry as to how rebates are to be specifically calculated and whether the 80% may be phased in over time. HHS has released an interim final rule on how rebates will be paid, but it has not yet been finalized.

Under PPACA, rebates are determined when the actual loss ratio comes in below the required loss ratio. However, when the loss ratio exceeds the required loss ratio, then the insurance company would have a potential loss with all other factors being equal. Thus, if the products are priced exactly in line with the required minimum loss ratio, the expected resulting loss ratio would exceed that minimum. This has been recognized in the work performed by the NAIC in the calculation of rebates by including the concept of credibility, which partially adjusts for this. The variance is not fully accounted for because of the selection of a 50 percent confidence interval in development of the credibility factors. In addition, Mid-West believes that the data used to determine the credibility factor may not have fully reflected the variance in the individually underwritten insurance market. To determine its target loss ratio, Mid-West has performed a simulation analysis using its own experience to predict variation of claims based on group size. The exhibit below demonstrates that if a 70% MLR is targeted, after rebates, MLR will exceed the 75% requirement.

Simulated Pre and Post Rebate MLR Based on Group Size

Minimum LR Required by PPACA:	75% (80% minus taxes and fees)
Pricing Target Loss Ratio	70%
Premium to Generate Simulated LR:	Average Simulated Annual Claim / Pricing Target LR

Group Size by # of Life Year	500			1,000			5,000			15,000		
Simulation Runs	Simulated Annual Total Claims	Simulated LR With No Rebate	Simulated LR With Rebate to PPACA Min LR	Simulated Annual Total Claims	Simulated LR With No Rebate	Simulated LR With Rebate to PPACA Min LR	Simulated Annual Total Claims	Simulated LR With No Rebate	Simulated LR With Rebate to PPACA Min LR	Simulated Annual Total Claims	Simulated LR With No Rebate	Simulated LR With Rebate to PPACA Min LR
Run 1	366,832	45.7%	75.0%	1,006,695	63.2%	75.0%	5,659,684	71.1%	75.0%	15,649,265	65.1%	75.0%
Run 2	512,772	63.9%	75.0%	1,280,485	80.4%	80.4%	6,404,424	80.5%	80.5%	16,700,791	69.4%	75.0%
Run 3	443,838	55.3%	75.0%	915,608	57.5%	75.0%	5,811,475	73.0%	75.0%	18,549,836	77.1%	77.1%
Run 4	464,730	57.9%	75.0%	767,729	48.2%	75.0%	6,777,721	85.2%	85.2%	16,107,599	67.0%	75.0%
Run 5	438,202	54.6%	75.0%	944,301	59.3%	75.0%	5,839,724	73.4%	75.0%	18,030,223	75.0%	75.0%
Run 6	682,447	85.1%	85.1%	757,823	47.6%	75.0%	5,573,132	70.0%	75.0%	18,655,579	77.6%	77.6%
Run 7	668,462	83.3%	83.3%	1,578,911	99.2%	99.2%	5,329,735	67.0%	75.0%	16,506,753	68.6%	75.0%
Run 8	374,973	46.8%	75.0%	1,405,113	88.2%	88.2%	6,357,420	79.9%	79.9%	16,980,802	70.6%	75.0%
Run 9	616,404	76.9%	76.9%	1,202,424	75.5%	75.5%	5,626,983	70.7%	75.0%	17,373,472	72.2%	75.0%
Run 10	585,417	73.0%	75.0%	1,101,166	69.2%	75.0%	6,002,808	75.4%	75.4%	14,809,712	61.6%	75.0%
Run 11	914,050	114.0%	114.0%	606,779	38.1%	75.0%	5,977,733	75.1%	75.1%	14,358,799	59.7%	75.0%
Run 12	397,458	49.6%	75.0%	1,528,767	96.0%	96.0%	6,293,265	79.1%	79.1%	16,089,404	66.9%	75.0%
Run 13	880,886	109.8%	109.8%	1,159,817	72.8%	75.0%	8,243,448	103.6%	103.6%	15,105,778	62.8%	75.0%
Run 14	565,776	70.5%	75.0%	1,226,191	77.0%	77.0%	5,331,467	67.0%	75.0%	16,241,015	67.5%	75.0%
Run 15	428,815	53.5%	75.0%	1,511,034	94.9%	94.9%	6,479,091	81.4%	81.4%	17,088,896	71.0%	75.0%
...
Run 1000	323,621	40.3%	...	901,606	56.6%	...	6,723,108	84.5%	...	20,614,304	85.7%	...
Average	561,446	70.0%	82.8%	1,114,588	70.0%	79.8%	5,571,473	70.0%	76.4%	16,836,892	70.0%	75.5%

Determination of Trend

Trend rates are summarized below and have been developed using a combination of Company data, published industry data, and actuarial judgment. Trends are monitored quarterly.

PPACA Status	Product Grouping	Annual Trend Rate Assumption
Grandfathered	Scheduled Plans	2.0%
Grandfathered	Non Scheduled Plans	14.0%
Grandfathered	Riders	5.0%
Grandfathered	Accumulated Covered Expense Rider	20.0%
Non-Grandfathered	Scheduled Plans	14.0%
Non-Grandfathered	Non Scheduled Plans	14.0%
Non-Grandfathered	Riders	7.0%
Non-Grandfathered	Accumulated Covered Expense Rider	20.0%

Rate Increase Range

Mid-West is capping the maximum experience/trend rate increase at 20% for each product grouping. This is intended to reduce financial hardship for members and also to prevent significant additional shock lapses. Mid-West is not planning on rate reductions (hence the 0% floor) due to current uncertainties surrounding PPACA MLR and Rebating requirements and because rate reductions may be followed by rate increases due to developing experience and trend. In any case, final rebating rules will ensure that the loss ratio will meet or exceed the minimum requirement.

The resulting calculated and proposed rate changes due to experience, trend, MLR and rebate requirements are laid out in Exhibit 10 (Experience/Trend Rate Adjustment Summary) as shown below.

Exhibit 10 - Experience/Trend Rate Adjustment Summary ARKANSAS - MID-WEST Effective 8/1/2011			
State	Product Grouping	Rate Adjustment Calculated	Rate Adjustment Effective 8/1/2011
AR	Scheduled Plans	-15.87%	0.00%
AR	Non Scheduled Plans	14.54%	14.54%
AR	Riders	-21.30%	0.00%
AR	Accumulated Covered Expense Rider	39.59%	20.00%

Conclusion:

Effective immediately, Mid-West is changing the way it monitors experience and manages rates on all of its health benefit plans due to PPACA MLR and rebate requirements. In the past, Mid-West evaluated experience by product across multiple states, whereas now Mid-West will evaluate experience by product grouping at the state level. Rate adjustments by product grouping are included in this filing for your information.

Listed below are documents included with this rate filing:

- Rate Filing Transmittal
- Cover Letter and Exhibits:
 - Exhibit 1 - Rate Filing Summary by Form
 - Exhibit 2 - Amendatory Endorsement Form (Grandfathered) MW AE PPACA GF IM (07/10) and Amendatory Endorsement Form (Non-Grandfathered) MW AE PPACA Non-GF (01/11)
 - Exhibit 3a - Sample Full Cost Analysis Results for Removing Benefit Lifetime Limits
 - Exhibit 3b - Sample Full Cost Analysis Results for Removing Annual and Lifetime Benefit Limits
 - Exhibit 4 - Milliman Study on Aggregate Lifetime and Annual Limits
 - Exhibit 5 - Non-Preventive Cost Impact on PPACA Benefit Changes
 - Exhibit 6 - Milliman Study on Preventive Care Costs
 - Exhibit 7 - Cost and Premium Impact on PPACA Preventive Care Benefits
 - Exhibit 8 - Cost and Premium Impact by Product Type and PPACA Status
 - Exhibit 9 - Development of Rate Adjustment Based on Trend, Experience and MLR
 - Exhibit 10 - Experience/Trend Rate Adjustment Summary

- Actuarial Memorandum and Attachments:
 - Exhibit 1 - Rate Filing Summary by Form
 - Exhibit 2 - Summary of Premium Adjustments (Trend/MLR + PPACA Benefits)
 - Exhibit 3 - Development of Rate Adjustment Based on Trend, Experience and MLR

Thank you for your review of this rate filing. If you have any questions or need additional information, please feel free to contact me at any time.

Sincerely,



Xiaolu Coffey, FSA, MAAA
Director & Actuary
Mid-West National Life Insurance Company of Tennessee

Exhibit 1 - Rate Filing Summary by Form
ARKANSAS - MD-WEST
Effective 8/1/2011

State	Company	Form Number Series	Base Plan/Rider (R)	Product Plan Short Name	Product Detail	Product Type	Product Grouping (Schedule, Non-Schedule, Rider)	PPACA Status (GF - Grandfathered, NGF - Non-Grandfathered)	Product Group Type (NSEG - Non-Small Employer, SEG - Small Employer Group)	Base Plan Codes	Rider Plan Code (For base plans, this equals to Base Plan Codes)	Enforce Certificate of Coverage Count As of Sep 2010	Enforce Member Count As of Sep 2010	Premium Adjustment Due to Trend Preventive Benefit	Premium Adjustment Due to Experience & MLR	Total Premium Adjustment Due to PPACA Non-Preventive Benefit Trend Experience & MLR	Additional PMPM Premium Due to PPACA Non-Preventive Benefit
AR	MD-WEST	25883	R	CAREONE PPO	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	ANAP20B	ASAP20H	19	29	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25883	R	CAREONE PPO	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	ANAP19B	ASAP19H	29	45	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25883	R	CAREONE PPO	AIR AMBULANCE 25883	AIR AMBULANCE	Rider	GF	NSEG	ANAP20B	AAAP20A	13	16	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25883	R	CAREONE PPO	AIR AMBULANCE 25883	AIR AMBULANCE	Rider	GF	NSEG	ANAP19B	AAAP19A	35	53	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25883	R	CAREONE PPO	MATERNITY 25883- CHILD BIRTH	MATERNITY	Rider	GF	NSEG	ANAP19B	AAAP19U	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25883	R	CAREONE PPO	MATERNITY 25883- CHILD BIRTH	MATERNITY	Rider	GF	NSEG	ANAP19B	AAAP19U	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25885	R	CAREONE PPO	DRUG MW-25885	DRUG	Rider	GF	NSEG	ANAP20B	CPX42R	20	20	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25885	R	CAREONE PPO	DRUG MW-25885	DRUG	Rider	GF	NSEG	ANAP19B	CPX42R	50	76	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25887	R	CAREONE PPO	MW-25887 ACCIDENT BENEFIT CARE	ACCIDENT	Rider	GF	NSEG	ANAP20B	AAAP20E	14	22	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	25887	R	CAREONE PPO	MW-25887 ACCIDENT BENEFIT CARE	ACCIDENT	Rider	GF	NSEG	ANAP19B	AAAP19E	36	53	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	26026 PPO	B	CAREONE PPO	MW-26026 CAREONE PLUS PPO	BASE	Non-Schedule	GF	NSEG	ANAP20B	ASAP20S	52	79	0.00%	14.54%	14.54%	\$0.00
AR	MD-WEST	26026 PPO	B	CAREONE PPO	MW-26026 CAREONE PLUS PPO	BASE	Non-Schedule	GF	NSEG	ANAP19B	ASAP19S	52	79	0.00%	14.54%	14.54%	\$0.00
AR	MD-WEST	26029	R	CAREONE PPO	SPO THERAPY 26029- SPO THERAPY RIDER	ALL OTHER RIDERS	Rider	GF	NSEG	ANAP20B	ASAP20S2	19	29	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	26029	R	CAREONE PPO	SPO THERAPY 26029- SPO THERAPY RIDER	ALL OTHER RIDERS	Rider	GF	NSEG	ANAP19B	ASAP19S2	51	77	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	26032	R	CAREONE PPO	EMERGENCY SERVICES 26032- EMERGENCY SERVICES RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	ANAP20B	AOAP20F	20	30	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	26032	R	CAREONE PPO	EMERGENCY SERVICES 26032- EMERGENCY SERVICES RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	ANAP19B	AOAP19F	52	79	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25882	R	COVER AMERICA PLUS	ACCIDENT MW-25882- ACCIDENT RIDER	ACCIDENT	Rider	GF	NSEG	AAAB36B	AAAB36E	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25882	R	COVER AMERICA PLUS REDESIGN	ACCIDENT MW-25882- ACCIDENT RIDER	ACCIDENT	Rider	GF	NSEG	AHAB41B	AAAB41E	7	9	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25882	R	COVER AMERICA PLUS REDESIGN	ACCIDENT MW-25882- ACCIDENT RIDER	ACCIDENT	Rider	NGF	NSEG	AHAB41B	AAAB41E	1	1	25.00%	0.00%	25.00%	\$0.00
AR	MD-WEST	MW-25883	R	PPO 2001 REDESIGN	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	ANAP39B	ASAP39H	4	6	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	AAAB36B	AAAB36H	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	AAAB36B	AAAB36H	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	AAAB36B	AAAB36H	9	11	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS REDESIGN	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	GF	NSEG	AHAB41B	AAAB41H	3	4	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25883	R	CAREONE VALUE	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	NGF	NSEG	AHAB69B	AAAB69H	1	2	18.75%	0.00%	18.75%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	NGF	NSEG	AHAB69B	AAAB69H	1	1	18.75%	0.00%	18.75%	\$0.00
AR	MD-WEST	MW-25883	R	COVER AMERICA PLUS REDESIGN	CONTINUED CARE MW-25883- CONTINUED CARE RIDER	CONTINUED CARE	Rider	NGF	NSEG	AHAB41B	AAAB41H	1	1	18.75%	0.00%	18.75%	\$0.00
AR	MD-WEST	MW-25884	R	COVER AMERICA PLUS	MATERNITY MW-25884- CHILD BIRTH- GRADED BENEFIT RIDER	MATERNITY	Rider	GF	NSEG	AHAB36B	AAAB36U	1	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	PPO 2001 REDESIGN	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	ANAP39B	AOAP39G	8	14	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	AHAB33B	AOAB33Y	3	3	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	AHAB33B	AOAB33Y	3	3	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	AHAB36B	AOAB36J	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	AHAB36B	AOAB36Y	2	5	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS REDESIGN	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	GF	NSEG	AHAB41B	AOAB41G	11	14	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25885	R	COVER AMERICA PLUS REDESIGN	AMBULATORY CARE MW-25885- AMBULATORY CARE RIDER	AMBULATORY CARE	Rider	NGF	NSEG	AHAB41B	AOAB41G	1	1	6.25%	0.00%	6.25%	\$0.00
AR	MD-WEST	MW-25886	R	PPO 2001 REDESIGN	DOCTOR OFFICE VISIT MW-25886- PHYSICIAN OFFICE VISIT RIDER	DOCTOR OFFICE VISIT	Rider	GF	NSEG	ANAP39B	ADAP39W	7	11	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25886	R	COVER AMERICA PLUS	DOCTOR OFFICE VISIT MW-25886- PHYSICIAN OFFICE VISIT RIDER	DOCTOR OFFICE VISIT	Rider	GF	NSEG	AHAB41B	ADAB41C	1	1	16.75%	0.00%	16.75%	\$0.00
AR	MD-WEST	MW-25886	R	COVER AMERICA PLUS	DOCTOR OFFICE VISIT MW-25886- PHYSICIAN OFFICE VISIT RIDER	DOCTOR OFFICE VISIT	Rider	GF	NSEG	AHAB41B	ADAB41C	17	22	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25886	R	COVER AMERICA PLUS REDESIGN	DOCTOR OFFICE VISIT MW-25886- PHYSICIAN OFFICE VISIT RIDER	DOCTOR OFFICE VISIT	Rider	GF	NSEG	AHAB41B	ADAB41W	9	12	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25886	R	COVER AMERICA PLUS REDESIGN	DOCTOR OFFICE VISIT MW-25886- PHYSICIAN OFFICE VISIT RIDER	DOCTOR OFFICE VISIT	Rider	NGF	NSEG	AHAB41B	ADAB41W	1	1	10.00%	0.00%	10.00%	\$0.00
AR	MD-WEST	MW-25888	R	PPO 2001 REDESIGN	WELLNESS MW-25888- WELLNESS RIDER	WELLNESS	Rider	GF	NSEG	ANAP39B	ADAP39F	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25888	R	COVER AMERICA PLUS	WELLNESS MW-25888- WELLNESS RIDER	WELLNESS	Rider	GF	NSEG	AHAB36B	ADAB36F	6	8	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25888	R	COVER AMERICA PLUS	WELLNESS MW-25888- WELLNESS RIDER	WELLNESS	Rider	GF	NSEG	AHAB41B	ADAB41F	6	8	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25888	R	COVER AMERICA PLUS REDESIGN	WELLNESS MW-25888- WELLNESS RIDER	WELLNESS	Rider	NGF	NSEG	AHAB41B	ADAB41F	1	1	-80.00%	0.00%	-80.00%	\$0.00
AR	MD-WEST	MW-25890	R	COVER AMERICA PLUS	ACCUMULATED COVERED EXPENSE MW-25890- ACCUMULATED COVERED EXPENSE RIDER	ACCUMULATED COVERED EXPENSE	Rider	GF	NSEG	AHAB36B	ASAB36A	10	16	0.00%	20.00%	20.00%	\$0.00
AR	MD-WEST	MW-25890	R	COVER AMERICA PLUS REDESIGN	ACCUMULATED COVERED EXPENSE MW-25890- ACCUMULATED COVERED EXPENSE RIDER	ACCUMULATED COVERED EXPENSE	Rider	GF	NSEG	AHAB41B	ASAB41A	1	1	0.00%	20.00%	20.00%	\$0.00
AR	MD-WEST	MW-25892	R	PPO 2001 REDESIGN	DRUG MW-25892	DRUG	Rider	GF	NSEG	ANAP39B	CPX18R	9	15	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	COVER AMERICA PLUS	DRUG MW-25892- PRESCRIPTION DRUG RIDER- COMMISSIONABLE	DRUG	Rider	GF	NSEG	AHAB41B	CPX18R	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	COVER AMERICA PLUS	DRUG MW-25892	DRUG	Rider	GF	NSEG	AHAB36B	CPX15R	36	58	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	FREEDOM 2001	DRUG MW-25892-IR- INDIVIDUAL PRESCRIPTION DRUG RIDER- COMMISSIONABLE	DRUG	Rider	GF	NSEG	AHAB33B	AXAB33P	4	5	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	COVER AMERICA PLUS	CHEMO MW-25910- OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	CHEMO	Rider	GF	NSEG	AHAB36B	AEAB36C	38	61	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	COVER AMERICA PLUS REDESIGN	DRUG MW-25892	DRUG	Rider	GF	NSEG	AHAB41B	CPX18R	12	15	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25892	R	COVER AMERICA PLUS	DRUG MW-25892	DRUG	Rider	NGF	NSEG	AHAB41B	CPX18R	2	2	7.50%	0.00%	7.50%	\$0.00
AR	MD-WEST	MW-25906	B	FREEDOM 2001	BASE MW-25906 FREEDOM 2001- MW-25906	BASE	Schedule	GF	NSEG	AHAB36B	AAAB36B	41	69	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25906	B	COVER AMERICA PLUS	MW-25906 COVER AMERICA PLUS	BASE	Schedule	GF	NSEG	AHAB36B	AAAB36B	41	69	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25906	B	COVER AMERICA PLUS REDESIGN	MW-25906 COVER AMERICA PLUS	BASE	Schedule	GF	NSEG	AHAB41B	AAAB41B	12	15	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25906	B	FREEDOM 2001	SAME DAY SURGERY SAME DAY SURGERY- BUILT INTO BASE- 6X/9X/12X DRB OPTIONS	ALL OTHER RIDERS	Schedule	GF	NSEG	AHAB33B	ASAB33O	4	5	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25906	B	COVER AMERICA PLUS REDESIGN	MW-25906 COVER AMERICA PLUS	BASE	Schedule	NGF	NSEG	AHAB41B	AAAB41B	2	2	15.69%	0.00%	15.69%	\$8.95
AR	MD-WEST	MW-25906	B	PPO 2001 REDESIGN	MW-25907 PPO 2001- MW-25907- REDESIGN	BASE	Non-Schedule	GF	NSEG	ANAP39B	ANAP39B	9	15	0.00%	14.54%	14.54%	\$0.00
AR	MD-WEST	MW-25908	R	COVER AMERICA PLUS	EMERGENCY ROOM MW-25908- EMERGENCY ROOM RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	AHAB69B	AAAB69E	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25908	R	COVER AMERICA PLUS	EMERGENCY ROOM MW-25908- EMERGENCY ROOM RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	AHAB33B	AOAB33C	4	4	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25910	R	PPO 2001 REDESIGN	CHEMO MW-25910- OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	CHEMO	Rider	GF	NSEG	ANAP39B	AEAP39C	4	4	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25910	R	FREEDOM 2001	CHEMO MW-25910- OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	CHEMO	Rider	GF	NSEG	AHAB33B	AEAB33C	4	5	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25910	R	COVER AMERICA PLUS	CHEMO MW-25910- OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	CHEMO	Rider	GF	NSEG	AHAB41B	AEAB41C	11	14	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25910	R	COVER AMERICA PLUS REDESIGN	CHEMO MW-25910- OUTPATIENT CHEMOTHERAPY & RADIATION THERAPY	CHEMO	Rider	NGF	NSEG	AHAB41B	AEAB41C	2	2	25.00%	0.00%	25.00%	\$0.00
AR	MD-WEST	MW-25911	R	FREEDOM 2001	INJURY DEDUCTIBLE MW-25911- INJURY DEDUCTIBLE RIDER	ALL OTHER RIDERS	Rider	GF	NSEG	AHAB33B	AAAB33D	2	3	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25911	R	COVER AMERICA PLUS	INJURY DEDUCTIBLE MW-25911- INJURY DEDUCTIBLE RIDER	ALL OTHER RIDERS	Rider	GF	NSEG	AHAB36B	AAAB36D	23	37	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25947	R	COVER AMERICA PLUS REDESIGN	URGENT CARE MW-25947- URGENT CARE RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	AHAB41B	AOAB41Q	2	2	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25947	R	COVER AMERICA PLUS	URGENT CARE MW-25947- URGENT CARE RIDER	EMERGENCY SERVICES	Rider	GF	NSEG	AHAB36B	AOAB36Q	20	36	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25983 (10/05)-R	R	CAREONE VALUE	AIR AMBULANCE 25983	AIR AMBULANCE	Rider	NGF	NSEG	AHAB69B	AAAB69A	50	74	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25983 (10/05)-R	R	CAREONE VALUE	AIR AMBULANCE 25983	AIR AMBULANCE	Rider	NGF	NSEG	AHAB69B	AAAB69A	50	74	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25983 (10/05)-R	R	CAREONE VALUE	AIR AMBULANCE 25983	AIR AMBULANCE	Rider	NGF	NSEG	AHAB69B	AAAB69A	7	9	25.00%	0.00%	25.00%	\$0.00
AR	MD-WEST	MW-25984 (10/05)-R AR 09/06	R	CAREONE VALUE	MATERNITY 25984	MATERNITY	Rider	GF	NSEG	AHAB69B	ABAB69U	3	5	0.00%	0.00%	0.00%	\$0.00
AR	MD-WEST	MW-25985 (10/05)-R AR	R	CAREONE VALUE	DRUG MW-25985												

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
GRANDFATHERED POLICY/CERTIFICATE
AMENDATORY ENDORSEMENT**

This Amendatory Endorsement is made a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate and any attached Riders which are not inconsistent with this Amendatory Endorsement.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to Your Policy/Certificate as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [January 1, 2011], some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate and any attached Riders will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy/Certificate and any attached Riders, the provisions below shall apply only to the extent they are currently provided within Your Policy/Certificate and any attached Riders. In the event of a conflict between the provisions of any other section of Your Policy/Certificate and any attached Riders, and the provisions of this Amendatory Endorsement, the provisions of this Amendatory Endorsement shall prevail.

Definitions

- **"Essential Health Benefits"** means benefits, if any, covered under the Policy/Certificate and any attached Riders, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such Essential Health Benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.
- **"Patient Protection and Affordable Care Act of 2010"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Lifetime Dollar Limits on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and attached Riders as a Covered Expense/Service are no longer subject to lifetime dollar maximum(s). Accordingly, the **"Lifetime Maximum Amount"** and the **"Aggregate Maximum Amount"** and any references thereto are deleted in their entirety.

Visit Limitations on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and any attached Riders as a Covered Expense/Service and which are subject to visit limitations on a per Sickness or Injury basis, are amended by waiving such visit limitations. Daily dollar limits and visit limitations per specified period such as daily, quarterly or annually, if any, will continue to apply. Visit limitations will continue to apply to any Covered Expenses/Services that do not qualify as Essential Health Benefits.

Other dollar limitations such as Deductibles, Coinsurance, Copayment, Access Fees, Maximum Allowable Amounts, and Usual and Customary Fees, if any, will also continue to apply.

Rescissions

We may not void or terminate Your Policy/Certificate and any attached Riders based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Policy/Certificate.

Extension of Coverage to Dependents

The definition of "**Eligible Dependent**" is amended to read as follows:

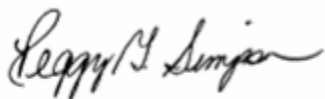
"**Eligible Dependent** means Your lawful spouse and Your natural and adopted children and step-children who are under 26 years of age (the Limiting Age)."

The provisions of this Amendatory Endorsement are not intended to expand Covered Expenses/Services currently provided within Your Policy/Certificate to include Essential Health benefits, but rather apply only to the extent such Essential Health Benefits are currently covered by Your Policy/Certificate and any attached riders.

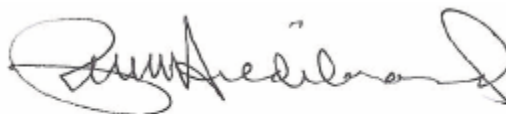
The provisions of this Amendatory Endorsement are effective on [January 1, 2011].

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home and Administrative Office: N. Richland Hills, Texas
P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 NON-GRANDFATHERED POLICY/CERTIFICATE AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate and any attached Riders which are not inconsistent with this Amendatory Endorsement.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to Your Policy/Certificate as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [January 1, 2011], some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate and any attached Riders will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy/Certificate and any attached Riders, the provisions below shall apply only to the extent they are currently provided within Your Policy/Certificate and any attached Riders. In the event of a conflict between the provisions of any other section of Your Policy/Certificate and any attached Riders, and the provisions of this Amendatory Endorsement, the provisions of this Amendatory Endorsement shall prevail.

Definitions

- **"Essential Health Benefits"** means benefits, if any, covered under the Policy/Certificate and any attached Riders, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such Essential Health Benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.
- **"Patient Protection and Affordable Care Act of 2010"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Lifetime Dollar Limits on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and attached Riders as a Covered Expense/Service are no longer subject to lifetime dollar maximum(s). Accordingly, the **"Lifetime Maximum Amount"** and the **"Aggregate Maximum Amount"** and any references thereto are deleted in their entirety.

Internal Benefit Limits on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and any attached Riders as a Covered Expense/Service are no longer subject to internal benefit limits such as visit limitations,

daily benefit limits, maximums per Sickness or Injury, and Maximum Benefit Amounts. Benefit limits will continue to apply to any Covered Expenses/Services that do not qualify as Essential Health Benefits.

Deductibles, Coinsurance, Copayment, Access Fees, Maximum Allowable Amounts, and Usual and Customary Fees, if any, will continue to apply to all Covered Expenses/Services.

Preventive Services

Covered Expense include the following Preventive Services:

1. Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved;
3. With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Physician office charges when billed in conjunction with the Preventive Services shown above will also be considered a Covered Expense under this provision.

Examples of Preventive Services include, but are not limited to: screening for high blood pressure, screening for diabetes, and cholesterol tests; various cancer screenings; counseling from Your Physician on such topics as quitting smoking, losing weight and eating better; routine vaccines for diseases such as measles, polio, or meningitis; and regular well-baby and well-child visits, from birth to age 21.

Frequency intervals and the recommendations and guidelines for preventive services are subject to change by the U.S. Department of Health and Human Services (HHS).

The complete list of recommendations and guidelines (including future updates) can be found at:
<http://www.HealthCare.gov/center/regulations/prevention/recommendations.html>

For Preferred Provider Organization/PPO plans, preventive services obtained through a Non-participating Provider or Non-PPO Provider will be subject to the base plan Deductible and Coinsurance.

Emergency Services

If Your Policy/Certificate and any attached Riders currently include benefits for Emergency Services, such Emergency Services will be considered without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a participating provider. If applicable, care provided by a Non-participating Provider will be paid at no greater cost sharing to the Insured Person as if the services were provided by a Participating Provider.

This provision applies only if Your base plan Policy/Certificate and any attached riders currently include benefits for Emergency Services, as defined herein.

Extension of Coverage to Dependents

The definition of "Eligible Dependent" is amended to read as follows:

"**Eligible Dependent** means Your lawful spouse and Your natural and adopted children and step-children who are under 26 years of age (the Limiting Age)."

Open Enrollment for Eligible Children Up To Age 19

Eligible Dependent children up to age 19 may be added to Your Policy on a guaranteed-issue basis without underwriting during any of the following enrollment periods:

1. An annual open enrollment period that occurs each [December]; or
2. A special 31-day open enrollment period that begins on the date:
 - a) You acquire a new eligible dependent through birth, adoption or marriage;
 - b) Your dependent child involuntarily loses coverage under another health plan for any reason (except fraud or non-payment of premiums for the prior coverage); or
 - c) You are required to provide coverage for a dependent child due to a court order.

You must notify Us within the open enrollment period to request enrollment of Your Eligible Dependent children under the age of 19. The acceptance of a new Eligible Dependent and the Effective Date of Coverage for such Eligible Dependent will be shown by endorsement.

Preexisting Condition Limitations

The Preexisting Condition limitation described in the EXCLUSIONS AND LIMITATIONS section of Your Policy/Certificate does not apply to Insured Persons who are under 19 years of age. With respect to Insured Persons who are under 19 years of age, exclusionary riders or exclusion waivers, if any, attached to Your Policy/Certificate will no longer apply.

Rescissions

We may not void or terminate Your Policy/Certificate and any attached Riders based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Policy/Certificate.

Right to Appeal

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services covered by Your Policy/Certificate and any attached Riders. When We have denied, reduced, or terminated a requested service or payment for the service based on a judgment as to the Medical Necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.


Except where an Insured Person's life or health would be seriously jeopardized, where applicable, You must first exhaust Our internal grievance process before We will grant Your request for an external independent review.

The provisions of this Amendatory Endorsement are not intended to expand Covered Expenses/Services currently provided within Your Policy/Certificate to include Essential Health benefits, but rather apply only to the extent such Essential Health Benefits are currently covered by Your Policy/Certificate and any attached riders.

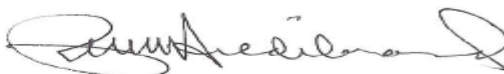
The provisions of this Amendatory Endorsement are effective on [January 1, 2011].

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for the Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

Exhibit 3a - Sample Full Cost Analysis Results For Removing Benefit Lifetime Limits

Plan	Rating Methodology	Full Cost Impact	PMPM Premium Estimate
Scheduled Base Plans	Milliman pmpm study was the basis for the removal of the lifetime limit. The results of the study were adjusted to reflect the characteristic of the scheduled plans. Due to the way the base and riders on the schedule plan inter-relate only a portion of the total cost of removing lifetime limits is applied to the base, the rest is applied to the Ambulatory Care rider and the Accumulated Expense Benefit rider.	1.00%	\$0.50 - \$1.50
Non-Scheduled Base Plans	Milliman PMPM study was used as the basis of removing the lifetime limits. In addition to the lifetime limit in aggregate, there are also separate lifetime limits for Chemotherapy and DME that were removed. The removal of these was based on of internal claim re-adjudication removing the limits on Chemotherapy and DME. We have included 1% for anti-selection as a result of the premium changes.	6.00%	\$12.00 - \$14.00
Ambulatory Care Rider (ACR)	The Ambulatory Care rider contains a lifetime limit (such as \$100,000). The rider covers outpatient diagnostic x-rays and labs as a result, there is a small increase in costs due to the removal of the lifetime limit. Due to the small size of the increase and lack of "lifetime" data available this was an estimated premium change.	3.00%	\$0.80 - \$1.00
Continued Care Rider	This rider contains limits on the number of visits that can be received in one year, this along with daily limit, have been interpreted to result in a lifetime limit. Removal of the visit limit is expected to increase utilization due the removal of barriers to treatment.	15.00%	\$0.50 - \$0.60
Chemotherapy Rider	The Chemotherapy rider is attached to the scheduled base plan. This rider has a lifetime limit (generally \$100,000). The removal of this limit was based on an claim re-adjudication of lifetime claim data for a chemotherapy rider.	30.00%	\$3.00 - \$3.50
Accumulated Expense Benefit	This rider is available on the scheduled base plans and provides additional benefits for covered expenses in excess of a specific level at 100% up to the lifetime limit. As mentioned above in the scheduled base plan only receives a portion of the cost of removing lifetime limits, the majority of it is covered in this rider. This was priced with the Milliman pmpm study.	15.00%	\$3.00 - \$3.50

Exhibit 3b - Sample Full Cost Analysis Results For Removing Annual and Lifetime Benefit Limits

Plan	Rating Methodology	Used Cost Impact	PMPM Premium Estimate
Scheduled Base Plans	In order to make this form compatible with PPACA, the annual and lifetime limits are required to be removed. This in effect changes this form from a scheduled plan to an indemnity product. The pricing adjustments were made by determining what the prices of a our PPO product might be. These premiums were then increased for the anti-selection and the effects of going to an indemnity plan from a PPO plan. The removal of the annual limits results in the Accumulated Expense Benefit (ACE) rider being un-necessary, as a result the cost of the ACE rider are included in the base and can be removed from the ACE (see below)	62.75%	\$60.00 - \$65.00
Non-Scheduled Base Plans	Milliman PMPM study was used as the basis of removing the lifetime limits. In addition to the lifetime limit in aggregate, there are also separate lifetime limits for Chemotherapy and DME that were removed. The cost of these was determined by the re-adjudication of claims on lifetime claims for Chemotherapy rider. In addition a small increase (2%) was included for changes in utilization and costs due to the anti-selection that may occur as premiums are increased.	14.10%	\$29.00 - \$31.00
Ambulatory Care Rider (ACR)	The rider has a lifetime limit as well as a limit per day. The daily limit was removed by adjudicating claim data with and without daily limits.	25.00%	\$6.00 - \$8.00
Doctor's Office Visit Rider	This rider has a limit on the number of visits per quarter as well as a dollar limit per visit. The removal of the daily limit was determined by re-adjudicating claim data.	40.00%	\$5.00 - \$7.00
Continued Care Rider	The annual limit of number of visits per year as well as the daily limit per day have been removed. The claim data was re-adjudicated with and with out the daily limit.	75.00%	\$2.00 - \$3.00
Chemotherapy Rider	Claim data was re-adjudicated for a Chemo rider to estimate the impact of the removal of the daily limit and the lifetime claims were used to determine the impact of removing the lifetime limit.	100.00%	\$9.00 - \$11.00
Prescription Drug	Claim data was used to estimate the cost increase of removing the annual limit (generally \$1,000)	30.00%	\$4.00 - \$6.00
Emergency Services	Emergency services are limited to a maximum per visit (such as \$1,000) this limit has been removed and has been estimated based on claims.	40.00%	\$4.00 - \$5.00
Air Ambulance	Air ambulance has limits per calendar year as well as per mile and per trip. These limits have been removed by reviewing all historical claims (due the low frequency of claims)	100.00%	\$0.75 - \$1.50
Maternity	Estimated increase in benefits as a result of no limits for normal deliveries. Complications of pregnancy are covered under the base plan.	50.00%	\$16.00 - \$10.00
Wellness	This is an estimate based on the fact the majority of benefits will be paid under the preventive care rider if it is required to be covered. The remaining 10% is for services that would not be covered under the preventive care rider.	-90.00%	\$-6.00 - \$-8.00
Accident	The accident has a limit per visit of generally \$1,000. For services that are facility based, this rider is paid in addition to the base plan benefit. This means that for accident services, the benefits will be increased up to the base deductible making accidents subject only the Accident rider deductible. The pricing impact of removing this limit was based on claim for an accident rider.	100.00%	\$11.00 - \$13.00
Accumulated Expense Benefit	This rider is attached to the schedule base plan and provides benefits at 100% once the claims reach a certain size. As a result of modifying the base plan benefits, this rider is unnecessary and the premium will be removed from the policy.	-100.00%	\$-20.00 - \$-25.00



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Principal and Consulting Actuary

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August 11, 2010

Mr. Peter Daggett, ASA
Vice President and Actuary
HealthMarkets
9151 Boulevard 26
North Richland Hills, TX 76180
[sent via email to: peter.daggett@healthmarkets.com]

Re: Estimated Costs of Removing Annual and Lifetime Maximums

Dear Peter:

You asked us to estimate the costs of removing various annual and lifetime maximums. This letter contains our estimates.

ESTIMATED COSTS OF REMOVING ANNUAL AND LIFETIME MAXIMUMS

Table 1 below contains our estimated costs of removing annual and lifetime maximums.

HealthMarkets Estimated Costs to Remove Various Annual and Lifetime Maximums Assumption: Typical CMM Plan, 30% Discount, No Condition Carve-outs		
Type of Limit	Current/Future Maximums	PEPM Estimated Cost to Change Maximum
Annual	\$500,000 to Unlimited	\$6 PEPM
	\$1,000,000 to Unlimited	\$2 PEPM
Lifetime	\$1,000,000 to Unlimited	\$3 PEPM
	\$2,000,000 to Unlimited	\$1 PEPM
Annual and Lifetime	\$500,000 annual \$1,000,000 lifetime to Unlimited	While it is clear, the cost of removing both maximums is more than removing a lifetime maximum, we have not done any longitudinal studies testing the impact of removing both an annual and lifetime maximum. A reasonable estimate might be 120% of the lifetime maximum cost for a given annual maximum attachment point assuming the lifetime maximum is double the annual maximum (e.g., removal of \$1,000,000 annual/\$2,000,000 lifetime maximums would be $\$3.60 \text{ PEPM} = 1.20 \times \3)
	\$1,000,000 annual \$2,000,000 lifetime to Unlimited	

ASSUMPTIONS

Our estimates assume:

- A typical comprehensive major medical plan that covers prescription drugs and has deductibles, copays, coinsurance, out-of-pocket maximums, and few if any internal policy limits.
- The carrier achieves a 30% reduction from loosely managed billed charges that reflects the provider discount and care management.
- The plan covers all the typical high cost cases, including, but not necessarily limited to cancer, neonates, transplants, hemophiliacs, and trauma cases.
- No changes in provider practice patterns.

We might produce different estimates for limited benefit policies.

Lastly, our estimates do not include the cost of members who have previously reached the lifetime maximums that come back onto HealthMarket's plans. (According to the current regulations, members who have previously reached a lifetime benefit maximum must be treated as special enrollees and given the right to enroll in any of the benefit packages available to similarly situated enrollees at their initial enrollment period. Therefore, the projected costs for any high-cost individuals coming back on the plan will need to be added to our cost estimates above.)

CAVEATS AND LIMITATIONS ON USE

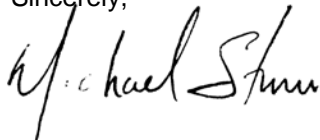
The results in this letter are estimates based on Milliman's database, the aforementioned assumptions, and our judgment. To the extent assumptions change, results could be different. Actual experience will vary from the estimates in this letter. Experience should be monitored so that appropriate adjustments can be made as necessary.

This information is intended to provide HealthMarkets with cost impacts of removing annual and lifetime maximums as mandated by PPACA and may not be appropriate for other circumstances. This information is intended for the use of HealthMarkets and should not be distributed to other outside parties without the written permission of Milliman, Inc. Milliman does not intend to benefit any third party with its work product, even if such permission is given.

The terms of Milliman's Consulting Services Agreement with American HealthMarkets dated December 28, 2006 apply to this letter and its use.

If you have any questions or would like additional information, please call me at (262) 796-3489.

Sincerely,



Michael G. Sturm, FSA, MAAA
Consulting Actuary

MGS/zh

Exhibit 5 - Non-Preventive Cost Impact on PPACA Benefit Changes Exhibit
ARKANSAS - MID-WEST
Effective 8/1/2011

State	Product Type	PPACA Grandfathered Status	PPACA Benefit Cost Increase Factor Calculated	PPACA Benefit Premium Increase Factor Passed Through on Members Receiving PPACA Benefits *
AR	NON-SCHEDULED BASE	GF	6.00%	0.00%
AR	SCHEDULED BASE	GF	1.00%	0.00%
AR	ACCIDENT RIDER	GF	0.00%	0.00%
AR	ACCUMULATED COVERED EXPENSE RIDER	GF	15.00%	0.00%
AR	AIR AMBULANCE RIDER	GF	0.00%	0.00%
AR	AMBULATORY CARE RIDER	GF	3.00%	0.00%
AR	CONTINUED CARE RIDER	GF	15.00%	0.00%
AR	CHEMOTHERAPY RIDER	GF	30.00%	0.00%
AR	DOCTOR OFFICE VISIT RIDER	GF	0.00%	0.00%
AR	DRUG RIDER	GF	0.00%	0.00%
AR	EMERGENCY SERVICES RIDER	GF	0.00%	0.00%
AR	MATERNITY RIDER	GF	0.00%	0.00%
AR	WELLNESS RIDER	GF	0.00%	0.00%
AR	NON-SCHEDULED BASE	NON-GF	14.10%	3.53%
AR	SCHEDULED BASE	NON-GF	62.75%	15.69%
AR	ACCIDENT RIDER	NON-GF	100.00%	25.00%
AR	ACCUMULATED COVERED EXPENSE RIDER	NON-GF	-100.00%	-100.00%
AR	AIR AMBULANCE RIDER	NON-GF	100.00%	25.00%
AR	AMBULATORY CARE RIDER	NON-GF	25.00%	6.25%
AR	CONTINUED CARE RIDER	NON-GF	75.00%	18.75%
AR	CHEMOTHERAPY RIDER	NON-GF	100.00%	25.00%
AR	DOCTOR OFFICE VISIT RIDER	NON-GF	40.00%	10.00%
AR	DRUG RIDER	NON-GF	30.00%	7.50%
AR	EMERGENCY SERVICES RIDER	NON-GF	40.00%	10.00%
AR	MATERNITY RIDER	NON-GF	50.00%	12.50%
AR	WELLNESS RIDER	NON-GF	-90.00%	-90.00%

* For Grandfathered members, the benefit cost pass-through is 0%. For Non-Grandfathered members, the pass-through is 25% of the average cost. In addition, in some cases, a rider will no longer be applicable if its benefits are now covered under the base plan due to PPACA benefit requirements and a separate premium will no longer be charged for the rider. For example, Non-Grandfathered members with a Wellness Rider will have preventive care under the base plan and majority of the current benefits provided by the rider will no longer be applicable.



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November 10, 2010

Mr. Peter Daggett, ASA
Vice President and Actuary
HealthMarkets
9151 Boulevard 26
North Richland Hills, TX 76180
[sent via email to: peter.daggett@healthmarkets.com]

Re: Estimated Cost Impact of Preventive Care Coverage by State as Mandated under the Patient Protection and Affordable Care Act (PPACA)

Dear Peter:

This letter summarizes our revised estimates of allowed costs (i.e., gross of cost sharing) by state, age, and gender for coverage of the preventive care services required (as part of the Patient Protection and Affordable Care Act - PPACA) to be covered at 100% for plan years renewing after September 23, 2009.

As you know, PPACA defines services, not specific procedure or diagnosis codes in the legislation. We originally estimated the cost of these services based on the National Business Group on Health's (NBGH's) procedure and diagnosis codes. Since then, our clinical staff evaluated the NBGH codes and narrowed the list that we (and likely most health plans) believe will be considered to be preventive under PPACA's definition. Our narrowed list of codes was provided in our October 19th letter to you.

RESULTS

Exhibit 1 contains estimated PMPM costs by age / gender / state using several restrictions we believe are reasonable to apply in determining whether the code is required to be paid at 100%. **The values in Exhibit 1 reflect our estimates of the minimum costs required by PPACA.** Restrictions refer to only counting a procedure when it is for a recommended diagnosis, age, or gender, and when it does not exceed the recommended frequency of the procedure. The revised PMPM costs are similar to our previous estimates, but vary more appropriately by age and gender. We believe the NBGH overestimated the number of codes, resulting in a cost reduction from our previous estimates. However, the NBGH was missing some high-cost codes that offset the volume reduction.

Of course, HealthMarkets may pay for procedures beyond our interpretation of the minimum required codes by law. Many plans pay more procedure codes at 100% than contained in our October 19th list. For example, *Milliman's Health Cost Guidelines* group all routine gynecological exams as a preventive service and some plans cover them this way. However, the values in Exhibit 1 reflect only cervical cancer screening exams (a sub-category of routine gynecological exams) as a preventive service that is reimbursed at 100%. Please let us know if you want us to adjust our estimates to include other preventive services.

However, Milliman is not a law firm. Nothing in this letter, its attachments and supporting analysis, our prior letter and attachments, or our discussions is to be construed as legal advice regarding coverage requirements. HealthMarkets should consult its own legal counsel for determinations about required benefit coverage.

METHODOLOGY AND ASSUMPTIONS

Methodology: We developed a list of preventive services that we believe are required to be covered at 100% according to PPACA. These services are listed by Current Procedural Terminology (CPT) and ICD-9 diagnosis codes in our October 19th letter. We estimated PMPM costs by age and gender for these codes using Milliman's proprietary data. We developed state-specific estimates by applying Milliman's geographic area factors and HealthMarket's discounts by state. We developed area adjustments on a state composite level only. A Metropolitan Service Area (MSA) level would be more precise. Please let us know if you would like us to provide this analysis by MSA.

Assumptions: In performing our analysis, we made a number of assumptions, including:

- > The United Services Preventive Services Task Force specifies that many of the preventive screenings to be performed on pregnant women are to be performed once per pregnancy. Due to inconsistencies in coding with Supervision of Pregnancy diagnosis, we assumed that these procedures were coded once per pregnancy and did not make an additional adjustment to limit the application of these procedures.
- > We increased the values 20% to reflect the induced utilization due to the unlimited nature of this coverage (i.e., paid at 100% with no lifetime maximum). Utilization may be induced by: (1) Patients using more services now that they are covered at 100%, (2) Providers performing or advertising more preventive services or coding more visits as preventive, and (3) Preventive procedures may lead to additional health care services not otherwise provided.
- > We increased the values 5% to reflect adverse selection. Adverse selection could come from uninsured members obtaining coverage for a short time period to receive preventive services at 100% or other sources. It is important not to double count adverse selection if it is already priced into your products.

CAVEATS AND LIMITATIONS ON USE

The results contained in this letter are based on a number of assumptions. Actual results could be materially different than those estimated due to a variety of reasons, including the assumptions not holding and statistical variation. Experience should be monitored so that appropriate adjustments can be made as necessary.

This information is intended to provide HealthMarkets with the estimated cost of preventive coverage as mandated by PPACA and may not be appropriate for other circumstances. Therefore, please do not distribute this information to other outside parties without the written permission of Milliman, Inc. Milliman does not intend to benefit any third party with its work product, even if such permission is given.

The terms of Milliman's Consulting Services Agreement with HealthMarkets dated December 28, 2006 apply to this letter and its use.

I am a Consulting Actuary for Milliman, a member of the American Academy of Actuaries and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. To the best of my knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.





Mr. Peter Daggett
November 10, 2010
Page 3

If you have any questions or would like additional information, please call me at (262) 796-3489.

Sincerely,

A handwritten signature in black ink that reads "Michael Sturm".

Michael G. Sturm, FSA, MAAA
Principal and Consulting Actuary

Attachments

Exhibit 1 HealthMarkets Preventive Care Gross Costs (PMPM) by Age/Gender and State - Cost with Restrictions																	
State	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	District of Columbia	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas
Adult Male																	
< 25	\$2.81	\$6.19	\$3.35	\$3.45	\$3.72	\$4.10	\$4.28	\$4.15	\$3.96	\$3.86	\$3.97	N/A	\$3.55	\$4.16	\$3.03	\$4.35	\$3.19
25-29	3.07	6.78	3.67	3.78	4.07	4.49	4.69	4.54	4.34	4.23	4.34	N/A	3.89	4.55	3.32	4.76	3.50
30-34	4.19	9.24	5.00	5.15	5.55	6.11	6.39	6.19	5.91	5.76	5.92	N/A	5.30	6.21	4.52	6.48	4.76
35-39	5.57	12.28	6.65	6.85	7.38	8.12	8.49	8.22	7.86	7.65	7.87	N/A	7.04	8.25	6.01	8.62	6.33
40-44	7.69	16.97	9.18	9.46	10.20	11.22	11.73	11.36	10.86	10.58	10.87	N/A	9.73	11.40	8.30	11.91	8.75
45-49	10.02	22.11	11.97	12.33	13.28	14.62	15.29	14.81	14.15	13.78	14.16	N/A	12.68	14.85	10.82	15.51	11.40
50-54	21.60	47.65	25.79	26.57	28.63	31.51	32.94	31.91	30.49	29.70	30.53	N/A	27.32	32.00	23.31	33.44	24.56
55-59	21.44	47.28	25.59	26.37	28.41	31.27	32.68	31.66	30.25	29.47	30.29	N/A	27.11	31.75	23.13	33.17	24.37
60-64	24.01	52.96	28.66	29.53	31.82	35.02	36.61	35.46	33.89	33.00	33.92	N/A	30.36	35.56	25.90	37.16	27.29
65+	14.79	32.61	17.65	18.19	19.59	21.57	22.55	21.84	20.87	20.33	20.89	N/A	18.70	21.90	15.95	22.88	16.81
Adult Female																	
< 25	\$14.91	\$32.88	\$17.79	\$18.33	\$19.75	\$21.74	\$22.73	\$22.02	\$21.04	\$20.49	\$21.06	N/A	\$18.85	\$22.08	\$16.08	\$23.07	\$16.95
25-29	16.66	36.75	19.89	20.49	22.08	24.30	25.40	24.61	23.51	22.90	23.54	N/A	21.07	24.68	17.98	25.78	18.94
30-34	15.76	34.76	18.81	19.38	20.88	22.99	24.03	23.28	22.24	21.66	22.27	N/A	19.93	23.34	17.00	24.39	17.92
35-39	15.04	33.18	17.96	18.50	19.93	21.94	22.93	22.22	21.23	20.68	21.25	N/A	19.02	22.28	16.23	23.28	17.10
40-44	19.18	42.30	22.90	23.59	25.42	27.98	29.24	28.33	27.07	26.37	27.10	N/A	24.26	28.41	20.69	29.68	21.80
45-49	21.21	46.78	25.32	26.08	28.10	30.93	32.34	31.32	29.93	29.15	29.97	N/A	26.82	31.41	22.88	32.82	24.11
50-54	31.67	69.86	37.81	38.95	41.97	46.19	48.29	46.78	44.70	43.54	44.75	N/A	40.05	46.91	34.17	49.01	36.00
55-59	32.00	70.59	38.20	39.36	42.41	46.68	48.80	47.27	45.17	43.99	45.22	N/A	40.47	47.40	34.53	49.53	36.38
60-64	33.99	74.98	40.58	41.81	45.05	49.58	51.83	50.21	47.98	46.73	48.03	N/A	42.99	50.35	36.68	52.61	38.64
65+	21.88	48.25	26.11	26.91	28.99	31.91	33.35	32.31	30.87	30.07	30.91	N/A	27.67	32.40	23.60	33.85	24.87
Children Male																	
0-1	\$61.71	\$136.11	\$73.66	\$75.90	\$81.77	\$90.01	\$94.09	\$91.14	\$87.09	\$84.83	\$87.19	N/A	\$78.04	\$91.41	\$66.58	\$95.50	\$70.15
2-6	9.54	21.03	11.38	11.73	12.64	13.91	14.54	14.08	13.46	13.11	13.47	N/A	12.06	14.13	10.29	14.76	10.84
7-18	4.63	10.22	5.53	5.70	6.14	6.76	7.06	6.84	6.54	6.37	6.55	N/A	5.86	6.86	5.00	7.17	5.27
19-22	2.34	5.16	2.79	2.88	3.10	3.41	3.57	3.46	3.30	3.22	3.31	N/A	2.96	3.47	2.53	3.62	2.66
Children Female																	
0-1	\$60.54	\$133.52	\$72.26	\$74.46	\$80.22	\$88.30	\$92.30	\$89.41	\$85.44	\$83.22	\$85.54	N/A	\$76.56	\$89.67	\$65.32	\$93.69	\$68.82
2-6	9.36	20.64	11.17	11.51	12.40	13.65	14.27	13.82	13.21	12.86	13.22	N/A	11.83	13.86	10.10	14.48	10.64
7-18	7.64	16.86	9.12	9.40	10.13	11.15	11.65	11.29	10.79	10.50	10.80	N/A	9.66	11.32	8.25	11.83	8.69
19-22	11.29	24.91	13.48	13.89	14.97	16.47	17.22	16.68	15.94	15.52	15.96	N/A	14.28	16.73	12.19	17.48	12.84

Exhibit 1 HealthMarkets Preventive Care Gross Costs (PMPM) by Age/Gender and State - Cost with Restrictions																	
State	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina
Adult Male																	
< 25	\$3.43	\$3.46	\$3.94	\$4.42	\$4.60	\$3.39	N/A	\$3.70	\$3.47	\$4.08	\$4.05	\$2.99	\$4.42	N/A	\$3.68	N/A	\$3.82
25-29	3.75	3.79	4.31	4.84	5.04	3.71	N/A	4.06	3.80	4.47	4.44	3.27	4.84	N/A	4.02	N/A	4.19
30-34	5.11	5.16	5.87	6.60	6.86	5.05	N/A	5.53	5.18	6.09	6.05	4.46	6.59	N/A	5.48	N/A	5.70
35-39	6.79	6.86	7.80	8.76	9.12	6.72	N/A	7.34	6.88	8.09	8.03	5.93	8.76	N/A	7.29	N/A	7.58
40-44	9.38	9.48	10.78	12.11	12.60	9.28	N/A	10.15	9.51	11.17	11.10	8.19	12.10	N/A	10.07	N/A	10.47
45-49	12.23	12.35	14.05	15.78	16.42	12.09	N/A	13.22	12.39	14.56	14.46	10.67	15.77	N/A	13.12	N/A	13.65
50-54	26.35	26.61	30.27	34.01	35.39	26.06	N/A	28.49	26.69	31.38	31.17	23.00	33.99	N/A	28.27	N/A	29.41
55-59	26.14	26.41	30.03	33.74	35.12	25.86	N/A	28.27	26.49	31.14	30.93	22.82	33.72	N/A	28.05	N/A	29.19
60-64	29.28	29.58	33.64	37.79	39.33	28.96	N/A	31.66	29.66	34.87	34.64	25.56	37.77	N/A	31.42	N/A	32.69
65+	18.03	18.22	20.72	23.27	24.22	17.84	N/A	19.50	18.27	21.48	21.33	15.74	23.26	N/A	19.35	N/A	20.13
Adult Female																	
< 25	\$18.18	\$18.36	\$20.89	\$23.46	\$24.42	\$17.98	N/A	\$19.66	\$18.42	\$21.65	\$21.51	\$15.87	\$23.45	N/A	\$19.51	N/A	\$20.29
25-29	20.32	20.52	23.34	26.22	27.29	20.10	N/A	21.97	20.58	24.20	24.04	17.73	26.21	N/A	21.80	N/A	22.68
30-34	19.22	19.41	22.08	24.81	25.82	19.01	N/A	20.78	19.47	22.89	22.74	16.77	24.79	N/A	20.62	N/A	21.46
35-39	18.34	18.53	21.07	23.68	24.64	18.15	N/A	19.84	18.58	21.85	21.70	16.01	23.66	N/A	19.68	N/A	20.48
40-44	23.39	23.63	26.87	30.19	31.42	23.14	N/A	25.30	23.70	27.86	27.67	20.42	30.17	N/A	25.10	N/A	26.11
45-49	25.86	26.13	29.71	33.38	34.74	25.58	N/A	27.97	26.20	30.80	30.60	22.57	33.36	N/A	27.75	N/A	28.87
50-54	38.62	39.02	44.37	49.85	51.88	38.21	N/A	41.77	39.13	46.00	45.69	33.71	49.82	N/A	41.45	N/A	43.12
55-59	39.03	39.42	44.84	50.37	52.43	38.61	N/A	42.21	39.54	46.48	46.17	34.06	50.34	N/A	41.88	N/A	43.57
60-64	41.45	41.88	47.63	53.51	55.69	41.01	N/A	44.83	42.00	49.37	49.04	36.18	53.47	N/A	44.49	N/A	46.28
65+	26.68	26.95	30.65	34.43	35.84	26.39	N/A	28.85	27.03	31.77	31.56	23.28	34.41	N/A	28.63	N/A	29.78
Children Male																	
0-1	\$75.25	\$76.02	\$86.46	\$97.14	\$101.09	\$74.44	N/A	\$81.38	\$76.25	\$89.63	\$89.03	\$65.68	\$97.07	N/A	\$80.76	N/A	\$84.02
2-6	11.63	11.75	13.36	15.01	15.62	11.50	N/A	12.58	11.78	13.85	13.76	10.15	15.00	N/A	12.48	N/A	12.98
7-18	5.65	5.71	6.49	7.29	7.59	5.59	N/A	6.11	5.72	6.73	6.68	4.93	7.29	N/A	6.06	N/A	6.31
19-22	2.86	2.88	3.28	3.69	3.84	2.82	N/A	3.09	2.89	3.40	3.38	2.49	3.68	N/A	3.06	N/A	3.19
Children Female																	
0-1	\$73.82	\$74.58	\$84.82	\$95.29	\$99.17	\$73.03	N/A	\$79.84	\$74.80	\$87.93	\$87.34	\$64.44	\$95.23	N/A	\$79.22	N/A	\$82.42
2-6	11.41	11.53	13.11	14.73	15.33	11.29	N/A	12.34	11.56	13.59	13.50	9.96	14.72	N/A	12.24	N/A	12.74
7-18	9.32	9.41	10.71	12.03	12.52	9.22	N/A	10.08	9.44	11.10	11.03	8.13	12.02	N/A	10.00	N/A	10.40
19-22	13.77	13.91	15.82	17.78	18.50	13.62	N/A	14.89	13.95	16.40	16.29	12.02	17.77	N/A	14.78	N/A	15.38

Exhibit 1 HealthMarkets Preventive Care Gross Costs (PMPM) by Age/Gender and State - Cost with Restrictions																	
State	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming
Adult Male																	
< 25	N/A	\$3.23	\$3.00	\$4.80	\$3.91	\$4.02	\$3.56	N/A	\$3.70	\$3.85	\$3.33	N/A	\$3.83	\$4.45	\$3.29	\$7.15	\$5.43
25-29	N/A	3.54	3.28	5.26	4.28	4.40	3.90	N/A	4.05	4.21	3.64	N/A	4.19	4.87	3.61	7.82	5.94
30-34	N/A	4.83	4.47	7.17	5.83	6.00	5.32	N/A	5.52	5.74	4.96	N/A	5.72	6.64	4.91	10.66	8.10
35-39	N/A	6.41	5.94	9.52	7.75	7.97	7.06	N/A	7.33	7.63	6.59	N/A	7.59	8.82	6.53	14.17	10.76
40-44	N/A	8.86	8.21	13.16	10.71	11.01	9.76	N/A	10.13	10.54	9.11	N/A	10.49	12.19	9.02	19.58	14.87
45-49	N/A	11.55	10.70	17.15	13.95	14.35	12.72	N/A	13.20	13.74	11.88	N/A	13.67	15.89	11.76	25.51	19.38
50-54	N/A	24.88	23.05	36.96	30.07	30.92	27.41	N/A	28.44	29.61	25.59	N/A	29.47	34.24	25.34	54.97	41.76
55-59	N/A	24.69	22.87	36.67	29.84	30.68	27.19	N/A	28.22	29.38	25.39	N/A	29.24	33.97	25.14	54.54	41.44
60-64	N/A	27.65	25.62	41.07	33.42	34.36	30.46	N/A	31.60	32.90	28.44	N/A	32.75	38.05	28.16	61.09	46.41
65+	N/A	17.03	15.78	25.29	20.58	21.16	18.76	N/A	19.46	20.26	17.52	N/A	20.17	23.44	17.34	37.62	28.58
Adult Female																	
< 25	N/A	\$17.17	\$15.91	\$25.50	\$20.75	\$21.33	\$18.91	N/A	\$19.62	\$20.43	\$17.66	N/A	\$20.33	\$23.63	\$17.48	\$37.93	\$28.81
25-29	N/A	19.19	17.78	28.50	23.19	23.84	21.13	N/A	21.93	22.83	19.74	N/A	22.72	26.40	19.54	42.39	32.20
30-34	N/A	18.15	16.82	26.96	21.94	22.55	19.99	N/A	20.74	21.60	18.67	N/A	21.50	24.98	18.48	40.10	30.46
35-39	N/A	17.32	16.05	25.73	20.94	21.52	19.08	N/A	19.80	20.61	17.82	N/A	20.52	23.84	17.64	38.27	29.07
40-44	N/A	22.09	20.47	32.81	26.70	27.45	24.33	N/A	25.25	26.28	22.72	N/A	26.16	30.40	22.49	48.80	37.07
45-49	N/A	24.43	22.63	36.28	29.52	30.35	26.90	N/A	27.91	29.06	25.12	N/A	28.93	33.61	24.87	53.96	40.99
50-54	N/A	36.48	33.80	54.17	44.08	45.32	40.17	N/A	41.69	43.40	37.52	N/A	43.20	50.20	37.14	80.59	61.22
55-59	N/A	36.86	34.15	54.74	44.54	45.80	40.60	N/A	42.12	43.86	37.91	N/A	43.65	50.72	37.53	81.43	61.86
60-64	N/A	39.15	36.27	58.15	47.31	48.64	43.12	N/A	44.74	46.58	40.27	N/A	46.37	53.88	39.86	86.49	65.71
65+	N/A	25.20	23.34	37.42	30.45	31.30	27.75	N/A	28.79	29.98	25.92	N/A	29.84	34.67	25.65	55.66	42.28
Children Male																	
0-1	N/A	\$71.08	\$65.85	\$105.56	\$85.89	\$88.30	\$78.28	N/A	\$81.23	\$84.57	\$73.10	N/A	\$84.17	\$97.80	\$72.37	\$157.02	\$119.28
2-6	N/A	10.98	10.18	16.31	13.27	13.65	12.10	N/A	12.55	13.07	11.30	N/A	13.01	15.11	11.18	24.26	18.43
7-18	N/A	5.34	4.94	7.92	6.45	6.63	5.88	N/A	6.10	6.35	5.49	N/A	6.32	7.34	5.43	11.79	8.95
19-22	N/A	2.70	2.50	4.00	3.26	3.35	2.97	N/A	3.08	3.21	2.77	N/A	3.19	3.71	2.75	5.96	4.53
Children Female																	
0-1	N/A	\$69.73	\$64.60	\$103.55	\$84.26	\$86.63	\$76.79	N/A	\$79.68	\$82.96	\$71.72	N/A	\$82.58	\$95.95	\$70.99	\$154.04	\$117.01
2-6	N/A	10.78	9.98	16.01	13.02	13.39	11.87	N/A	12.32	12.82	11.08	N/A	12.76	14.83	10.97	23.81	18.09
7-18	N/A	8.80	8.15	13.07	10.64	10.94	9.69	N/A	10.06	10.47	9.05	N/A	10.42	12.11	8.96	19.44	14.77
19-22	N/A	13.01	12.05	19.32	15.72	16.16	14.33	N/A	14.87	15.48	13.38	N/A	15.40	17.90	13.24	28.74	21.83

Exhibit 7 - Monthly Cost and Premium Impact on PPACA Preventive Care Benefits Exhibit
ARKANSAS - MID-WEST
Effective 8/1/2011

State	Age	Gender	Dependent Child	PPACA Preventive Care Benefits Cost Increase	FULL Premium Increase Required for PPACA Preventive Care Benefits	Actual Premium Increase to Members Receiving PPACA Preventive Care Benefits*
AR	0 - 24	F	N	\$18.33	\$26.19	\$6.55
AR	25 - 29	F	N	\$20.49	\$29.27	\$7.32
AR	30 - 34	F	N	\$19.38	\$27.69	\$6.92
AR	35 - 39	F	N	\$18.50	\$26.43	\$6.61
AR	40 - 44	F	N	\$23.59	\$33.70	\$8.43
AR	45 - 49	F	N	\$26.08	\$37.26	\$9.32
AR	50 - 54	F	N	\$38.95	\$55.65	\$13.91
AR	55 - 59	F	N	\$39.36	\$56.23	\$14.06
AR	60 - 63	F	N	\$41.81	\$59.73	\$14.93
AR	64 +	F	N	\$41.81	\$59.73	\$14.93
AR	0 - 24	M	N	\$3.45	\$4.93	\$1.23
AR	25 - 29	M	N	\$3.78	\$5.40	\$1.35
AR	30 - 34	M	N	\$5.15	\$7.36	\$1.84
AR	35 - 39	M	N	\$6.85	\$9.78	\$2.45
AR	40 - 44	M	N	\$9.46	\$13.52	\$3.38
AR	45 - 49	M	N	\$12.33	\$17.61	\$4.40
AR	50 - 54	M	N	\$26.57	\$37.96	\$9.49
AR	55 - 59	M	N	\$26.37	\$37.66	\$9.42
AR	60 - 63	M	N	\$29.53	\$42.18	\$10.55
AR	64 +	M	N	\$29.53	\$42.18	\$10.55
AR	All	F&M	Y	\$10.64	\$15.21	\$3.80

* This premium is only applicable in the calculation of the cost and new premium for Non-Grandfathered members.

Exhibit 8 - Monthly Cost and Premium Impact by Product Type and PPACA Status Exhibit
ARKANSAS - MID-WEST
Effective 8/1/2011

State	Product Grouping	PPACA Grandfathered Status	Non Preventive Benefits		Preventive Care Benefits	
			Average Cost % Increase	Average Premium % Increase	Average Cost PMPM Increase	Average Premium PMPM Increase
AR	Scheduled Plans	GF	1.00%	0.00%	\$0.00	\$0.00
AR	Non Scheduled Plans	GF	6.00%	0.00%	\$0.00	\$0.00
AR	Riders	GF	2.29%	0.00%	\$0.00	\$0.00
Nationwide	Accumulated Covered Expense Rider	GF	10.88%	0.66%	\$0.00	\$0.00
AR	Scheduled Plans	NON-GF	62.75%	15.69%	\$24.73	\$8.95
AR	Non Scheduled Plans	NON-GF	14.10%	3.53%	\$31.78	\$11.85
AR	Riders	NON-GF	26.27%	6.75%	\$0.00	\$0.00
Nationwide	Accumulated Covered Expense Rider	NON-GF	-100.00%	-100.00%	\$0.00	\$0.00

*Analysis of the Accumulated Covered Expense Rider is done on a nationwide basis with all group types and market levels combined.

Exhibit 9 - Development of Rate Adjustment Based on Trend, Experience and MLR

ARKANSAS - MID-WEST

Effective 8/1/2011

		Calculation	SCHEDULED PLANS	NON SCHEDULED PLANS	RIDERS	ACCUMULATED COVERED EXPENSE RIDER
Step 1. Experience Determination	(1)	Experience Members	273	170	443	52,618
	(2)	Earned Premiums	\$325,920	\$311,076	\$378,851	\$15,031,707
	(3)	Incurred Claims	\$170,640	\$220,845	\$193,434	\$10,866,604
	(4)	Loss Ratio = (3) / (2)	52.4%	71.0%	51.1%	72.3%
	(5)	Remaining Rate Increases Pending	1.084	1.131	1.010	1.076
	(6)	Adjusted Premium = (2) x (5)	\$353,357	\$351,960	\$382,664	\$16,169,833
	(7)	Loss Ratio after Adjusted Premium = (3) / (6)	48.3%	62.7%	50.5%	67.2%
Step 2. Credibility Adjustment	(8)	Credibility = Based on (1)	50.0%	50.0%	50.0%	100.0%
	(9)	Nationwide Experience Loss Ratio Generated from Step 1. on a nationwide base.	60.8%	67.6%	50.0%	72.3%
	(10)	Loss Ratio after Adjusting for Credibility and Premium Adjustment = (7) x (8) + (9) x [1 - (8)] subject to a variation % cap of +/- -25%	53.8%	61.5%	49.5%	67.2%
Step 3. Application of Trend	(11)	Annual Trend Weighted between Grandfathered and Non-Grandfathered plans	2.6%	14.0%	5.1%	20.0%
	(12)	Experience Period	200908 ~ 201007	200908 ~ 201007	200908 ~ 201007	200908 ~ 201007
	(13)	Rating Period	201108 ~ 201112	201108 ~ 201112	201108 ~ 201112	201108 ~ 201112
	(14)	Trending Months Midpoint of (12) to Midpoint of (13)	19.0	19.0	19.0	19.0
	(15)	Total Trend (Midpoint to Midpoint From Experience Period to Rating Period) = [1 + (11)] ^ [(14) / 12]	4.1%	23.1%	8.1%	33.5%
Step 4. Application of Projected PPACA Benefit Cost and Premium Increases	(16)	Average Non Preventive Care PPACA Additional Benefit Claim Cost	4.0%	6.0%	3.1%	9.7%
	(17)	Average Preventive Care PPACA Additional Benefit Claim Cost All benefit related items in this step are based on premium distribution between Grandfathered and Non-Grandfathered members.	\$17	\$0	\$0	\$0
	(18)	Average Non Preventive Care PPACA Additional Benefit Premium	0.8%	0.0%	0.2%	0.7%
	(19)	Average Preventive Care PPACA Additional Benefit Premium	\$6	\$0	\$0	\$0
Step 5. Projected Loss Ratio	(20)	Projected Loss Ratio for 2011: Adjusted Loss Ratio trended with additional PPACA benefit costs and premiums. Projected Claim = [(3) x [1 + (15)] x [1 + (16)] + (17) x (1)] Projected Premium = [(6) x [1 + (18)] + (19) x (1)] Projected LR = Proj Claim / Proj Premium	58.9%	80.2%	55.1%	97.7%
Step 6. Target Loss Ratio	(21)	Target Loss Ratio	70.0%	70.0%	70.0%	70.0%
Step 7. Determination of Experience/Trend Rate Adjustment	(22)	Calculated Rate Adjustment = (20) / (21) - 1	-15.87%	14.54%	-21.30%	39.59%
	(23)	Final Rate Adjustment (maximum 20%, minimum 0%)	0.00%	14.54%	0.00%	20.00%

* Accumulated Covered Expense Rider rate increase development is based on nationwide experience

Exhibit 10 - Experience/Trend Rate Adjustment Summary
ARKANSAS - MID-WEST
Effective 8/1/2011

State	Product Grouping	Rate Adjustment Calculated	Rate Adjustment Effective 8/1/2011
AR	Scheduled Plans	-15.87%	0.00%
AR	Non Scheduled Plans	14.54%	14.54%
AR	Riders	-21.30%	0.00%
AR	Accumulated Covered Expense Rider	39.59%	20.00%

Effective March 1, 2007


Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Mid-West National Life Insurance Company of Tennessee 9151 Boulevard 26, N Richland Hills, TX 76180	Texas		264	66087	62-0724538	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Jennifer Schilb 9151 Boulevard 26, N Richland Hills, TX 76180	(800) 729-2302 x3884	(817)255-8274		NRHAct-Comp@HealthMarkets.com		
5.	Requested Filing Mode	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Review & Approval</div><div><input type="checkbox"/> File & Use</div><div><input type="checkbox"/> Informational</div></div> <div><input type="checkbox"/> Combination (please explain): _____</div> <div><input type="checkbox"/> Other (please explain): _____</div>					
6.	Company Tracking Number	AR PPACA MIDWEST INDIVIDUAL 190001 AR MidWest 15793					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous File # _____				
8.	Market	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise</div><div><input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large</div></div> <div style="display: flex; justify-content: space-between;"><div>Group</div><div><input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____</div></div>					
9.	Type of Insurance	H15I - Individual Health - Hospital/Surgical/Medical Expense					
10.	Product Coding Matrix Filing Code	H15I.001 - Health - Hospital/Surgical/Medical Expense					
11.	Submitted Documents	<div><input type="checkbox"/> Forms<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits</div><div><input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____</div><div><input type="checkbox"/> Certificate <input type="checkbox"/> Advertising</div></div></div> <div><input checked="" type="checkbox"/> Rates<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New Rate</div><div><input checked="" type="checkbox"/> Revised Rate</div></div></div> <div><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</div> <div>SUPPORTING DOCUMENTATION<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____</div><div><input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications</div></div></div>					

Effective March 1, 2007

12.	Filing Submission Date	6/2/2011
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	

15.	Filing Description:
	<p>We are filing rate changes for your approval to our Patient Protection and Affordable Care Act (PPACA) Grandfathered and Non-Grandfathered individual health benefit plans.</p>

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Xiaolu Coffey, FSA, MAAA</u> Title <u>Director and Actuary</u></p> <p>Signature <u></u> Date <u>6/2/2011</u></p>	

Effective March 1, 2007

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	AR PPACA MIDWEST INDIVIDUAL 190001 AR MidWest 15793
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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Effective March 1, 2007

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		AR PPACA MIDWEST INDIVIDUAL 190001 AR MidWest 15793		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		4.81 %		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01	0	AR PPACA MIDWEST INDIVIDUAL	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + 4.81 % - ____ % <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	

LH RFA-1

AR MID-WEST IND CURRENT POLICIES

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2403499354	BASE	48.00	48.00
2403499354	RIDERS	78.49	78.49
2403583569	BASE	238.72	238.72
2403583569	RIDERS	62.00	62.00
2403636827	BASE	343.14	343.14
2403636827	RIDERS	213.00	213.00
2403643931	BASE	295.62	295.62
2403643931	RIDERS	98.12	98.12
2403650842	BASE	204.66	204.66
2403650842	RIDERS	87.34	87.34
2403717446	BASE	79.20	79.20
2403717446	RIDERS	82.77	82.77
2403814800	BASE	559.50	559.50
2403814800	RIDERS	62.00	62.00
2403815068	BASE	293.23	293.23
2403815068	ACE	41.59	49.91
2403815068	RIDERS	191.55	191.55
2403860211	BASE	266.95	266.95
2403860211	RIDERS	131.00	131.00
2403941128	BASE	185.32	185.32
2403941128	RIDERS	316.00	316.00
2403941847	BASE	179.18	179.18
2403941847	RIDERS	148.56	148.56
2403955082	BASE	179.80	179.80
2403955082	ACE	30.24	36.29
2403955082	RIDERS	75.00	75.00
2403992743	BASE	342.92	342.92
2403992743	RIDERS	214.00	214.00
2403993491	BASE	74.74	74.74
2403993491	RIDERS	54.47	54.47
2404006951	BASE	286.28	286.28
2404006951	RIDERS	217.00	217.00
2404037455	BASE	231.80	231.80
2404037455	RIDERS	51.00	51.00
2404073588	BASE	93.24	93.24
2404073588	RIDERS	23.00	23.00
2404113634	BASE	206.99	206.99
2404113634	RIDERS	43.00	43.00
2404115207	BASE	245.94	245.94
2404115207	ACE	65.30	78.36
2404115207	RIDERS	207.00	207.00
2404139505	BASE	249.86	249.86
2404139505	RIDERS	240.46	240.46
2404145940	BASE	227.92	227.92
2404145940	ACE	31.75	38.10

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2404145940	RIDERS	126.70	126.70
2404169404	BASE	88.27	88.27
2404169404	RIDERS	65.22	65.22
2404208369	BASE	130.39	130.39
2404208369	RIDERS	68.00	68.00
2404213335	BASE	85.84	85.84
2404213335	RIDERS	96.82	96.82
2404219123	BASE	94.99	94.99
2404219123	RIDERS	149.39	149.39
2404266501	BASE	168.35	168.35
2404266501	RIDERS	110.91	110.91
2404277823	BASE	249.69	249.69
2404277823	ACE	38.20	45.84
2404277823	RIDERS	183.97	183.97
2404277862	BASE	95.55	95.55
2404277862	RIDERS	98.56	98.56
2404285006	BASE	62.90	62.90
2404285006	RIDERS	64.93	64.93
2404285020	BASE	376.20	376.20
2404285020	RIDERS	267.77	267.77
2404285476	BASE	86.73	86.73
2404285476	RIDERS	134.91	134.91
2404346006	BASE	108.56	108.56
2404346006	RIDERS	90.15	90.15
2404356832	BASE	187.86	187.86
2404356832	RIDERS	145.60	145.60
2404395549	BASE	258.63	258.63
2404395549	RIDERS	173.84	173.84
2404508786	BASE	124.02	124.02
2404508786	RIDERS	181.74	181.74
2404532215	BASE	205.83	205.83
2404532215	RIDERS	282.67	282.67
2404601715	BASE	143.96	264.16
2404601715	RIDERS	130.09	185.61
2404612971	BASE	195.00	195.00
2404612971	RIDERS	126.62	126.62
2404613588	BASE	67.28	67.28
2404613588	RIDERS	57.93	57.93
2404632661	BASE	214.00	214.00
2404632661	RIDERS	221.55	221.55
2404642418	BASE	67.84	138.23
2404642418	RIDERS	28.00	44.10
2404655282	BASE	252.92	252.92
2404655282	RIDERS	205.22	205.22
2404680264	BASE	133.03	133.03
2404680264	RIDERS	90.85	90.85

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2404710071	BASE	478.19	478.19
2404710071	RIDERS	260.25	260.25
2404772825	BASE	161.64	161.64
2404772825	RIDERS	122.21	122.21
2404779222	BASE	100.04	100.04
2404779222	RIDERS	83.00	83.00
2404792242	BASE	230.40	230.40
2404792242	RIDERS	186.00	186.00
2404799080	BASE	47.36	47.36
2404799080	RIDERS	11.00	11.00
2404930463	BASE	52.51	52.51
2404930463	RIDERS	48.41	48.41
2404961996	BASE	175.34	329.60
2404961996	RIDERS	126.02	157.42
2404976310	BASE	184.14	184.14
2404976310	RIDERS	89.48	89.48
2405273734	BASE	148.33	148.33
2405273734	RIDERS	79.45	79.45
2405278203	BASE	99.68	99.68
2405278203	RIDERS	65.03	65.03
2405294652	BASE	143.45	143.45
2405294652	RIDERS	185.97	185.97
2405294658	BASE	219.24	219.24
2405294658	RIDERS	109.78	109.78
2405302523	BASE	182.12	182.12
2405302523	RIDERS	102.84	102.84
2405302597	BASE	53.97	53.97
2405302597	RIDERS	51.64	51.64
2405312254	BASE	160.59	160.59
2405312254	RIDERS	104.32	104.32
2405324263	BASE	141.63	141.63
2405324263	RIDERS	90.04	90.04
2405324311	BASE	48.78	48.78
2405324311	RIDERS	42.88	42.88
2405326831	BASE	90.39	90.39
2405326831	RIDERS	60.71	60.71
2405327776	BASE	262.13	262.13
2405327776	RIDERS	142.78	142.78
2405331690	BASE	374.48	374.48
2405331690	RIDERS	212.14	212.14
2405332487	BASE	142.70	142.70
2405332487	RIDERS	122.96	122.96
2405334164	BASE	101.15	101.15
2405334164	RIDERS	70.78	70.78
2405334205	BASE	39.85	39.85
2405334205	RIDERS	47.27	47.27

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2405338401	BASE	57.21	57.21
2405338401	RIDERS	49.67	49.67
2405347689	BASE	75.84	75.84
2405347689	RIDERS	61.14	61.14
2405347711	BASE	85.06	85.06
2405347711	RIDERS	79.57	79.57
2405360193	BASE	66.35	66.35
2405360193	RIDERS	54.80	54.80
2405362493	BASE	362.62	362.62
2405362493	RIDERS	95.66	95.66
2405362503	BASE	45.33	45.33
2405362503	RIDERS	27.09	27.09
2405369129	BASE	78.52	78.52
2405369129	RIDERS	65.78	65.78
2405374636	BASE	132.87	132.87
2405374636	RIDERS	97.16	97.16
2405376737	BASE	166.85	166.85
2405376737	RIDERS	62.45	62.45
2405379618	BASE	52.67	52.67
2405379618	RIDERS	48.65	48.65
2405388748	BASE	105.58	105.58
2405388748	RIDERS	85.00	85.00
2405392326	BASE	472.83	472.83
2405392326	RIDERS	284.46	284.46
2405394758	BASE	50.16	50.16
2405394758	RIDERS	52.83	52.83
2405410704	BASE	66.80	66.80
2405410704	RIDERS	52.64	52.64
2405410760	BASE	124.25	124.25
2405410760	RIDERS	53.28	53.28
2405415869	BASE	183.18	183.18
2405415869	RIDERS	19.06	19.06
2405416135	BASE	108.60	108.60
2405416135	RIDERS	135.32	135.32
2405416303	BASE	74.21	74.21
2405416303	RIDERS	38.35	38.35
2405420345	BASE	127.41	127.41
2405420345	RIDERS	102.73	102.73
2405421535	BASE	108.11	108.11
2405421535	RIDERS	54.13	54.13
2405422301	BASE	201.02	201.02
2405422301	RIDERS	74.97	74.97
2405426245	BASE	244.24	244.24
2405426245	RIDERS	164.29	164.29
2405430217	BASE	132.79	132.79
2405430217	RIDERS	127.74	127.74

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2405431254	BASE	290.34	290.34
2405431254	RIDERS	78.59	78.59
2405433726	BASE	76.97	76.97
2405433726	RIDERS	23.01	23.01
2405436518	BASE	162.48	162.48
2405436518	RIDERS	85.22	85.22
2405437483	BASE	106.03	106.03
2405437483	RIDERS	70.89	70.89
2405439335	BASE	168.72	303.58
2405439335	RIDERS	94.77	115.60
2405441925	BASE	124.97	222.22
2405441925	RIDERS	84.45	101.71
2405445866	BASE	201.09	348.37
2405445866	RIDERS	102.52	126.02
2405445890	BASE	206.90	355.56
2405445890	RIDERS	90.65	110.39
2483692908	BASE	693.08	793.85
2483692908	RIDERS	147.75	147.75
2484613513	BASE	137.10	157.03
2484613513	RIDERS	43.00	43.00
2484793181	BASE	329.43	377.33
2484793181	RIDERS	113.00	113.00
2484806518	BASE	395.86	453.42
2484806518	RIDERS	122.51	122.51
2484852894	BASE	437.44	501.04
2484852894	RIDERS	178.35	178.35
2484853993	BASE	345.09	395.27
2484853993	RIDERS	140.21	140.21
2484900232	BASE	454.25	520.30
2484900232	RIDERS	136.92	136.92
2484946030	BASE	150.37	172.23
2484946030	RIDERS	51.08	51.08
2485048833	BASE	351.96	403.13
2485048833	RIDERS	118.83	118.83
2485063608	BASE	1,024.25	1,173.18
2485063608	RIDERS	265.74	265.74
2485084868	BASE	225.90	258.75
2485084868	RIDERS	139.23	139.23
2485093518	BASE	174.00	199.30
2485093518	RIDERS	37.94	37.94
2485114196	BASE	224.74	257.42
2485114196	RIDERS	106.22	106.22
2485148963	BASE	221.50	253.71
2485148963	RIDERS	157.65	157.65
2485209373	BASE	71.28	81.64
2485209373	RIDERS	51.89	51.89

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2485252232	BASE	80.52	92.23
2485252232	RIDERS	72.49	72.49
2485252409	BASE	141.76	162.37
2485252409	RIDERS	68.64	68.64
2485265730	BASE	123.30	141.23
2485265730	RIDERS	59.94	59.94
2485266029	BASE	230.54	264.06
2485266029	RIDERS	104.36	104.36
2485269955	BASE	582.43	667.12
2485269955	RIDERS	315.88	315.88
2485273891	BASE	118.37	135.58
2485273891	RIDERS	43.16	43.16
2485277476	BASE	426.70	488.74
2485277476	RIDERS	114.71	114.71
2485289321	BASE	115.70	132.52
2485289321	RIDERS	113.84	113.84
2485295010	BASE	227.40	260.46
2485295010	RIDERS	101.28	101.28
2485305858	BASE	190.23	217.89
2485305858	RIDERS	137.38	137.38
2485315661	BASE	170.06	194.79
2485315661	RIDERS	148.71	148.71
2485324343	BASE	630.42	722.08
2485324343	RIDERS	196.49	196.49
2485356194	BASE	145.41	166.55
2485356194	RIDERS	30.57	30.57
2485356195	BASE	122.17	139.93
2485356195	RIDERS	55.51	55.51
2485360400	BASE	371.81	425.87
2485360400	RIDERS	189.60	189.60
2485365426	BASE	175.65	201.19
2485365426	RIDERS	92.89	92.89
2485365459	BASE	201.59	230.90
2485365459	RIDERS	105.45	105.45
2485374239	BASE	167.04	191.33
2485374239	RIDERS	41.22	41.22
2485379169	BASE	62.77	71.90
2485379169	RIDERS	106.36	106.36
2485385325	BASE	166.42	190.62
2485385325	RIDERS	61.62	61.62
2485386798	BASE	169.02	193.60
2485386798	RIDERS	237.50	237.50
2485392644	BASE	80.90	92.66
2485392644	RIDERS	71.43	71.43
2485405814	BASE	167.57	191.93
2485405814	RIDERS	139.56	139.56

CERTIFICATE KEY	PREMIUM TYPE	CURRENT PREMIUM	PROPOSED PREMIUM
2485414385	BASE	430.25	492.81
2485414385	RIDERS	108.15	108.15
2485415137	BASE	167.32	191.65
2485415137	RIDERS	112.62	112.62
2485415145	BASE	58.02	66.46
2485415145	RIDERS	44.84	44.84
2485418584	BASE	138.71	158.88
2485418584	RIDERS	87.31	87.31
02AM0003103	BASE	433.80	433.80
02AM0003103	RIDERS	5.00	5.00
02AM0007116	BASE	325.06	325.06
02AM0007116	RIDERS	40.68	40.68
02AM0010942	BASE	236.03	236.03
02AM0010942	RIDERS	186.54	186.54
02AM0045916	BASE	401.26	401.26
02AM0045916	RIDERS	73.55	73.55
02AM0079231	BASE	568.59	651.26
02AM0109995	BASE	429.35	491.78
02AM0109995	RIDERS	10.69	10.69
02AM0110315	BASE	588.14	673.66
02AM0110315	RIDERS	169.97	169.97
02AM0239392	BASE	201.98	201.98
02AM0239392	RIDERS	37.82	37.82
02AM0332397	BASE	732.99	839.57
02AM0332397	RIDERS	108.48	108.48
02AM0368858	BASE	272.96	272.96
02AM0368858	RIDERS	31.31	31.31
02AM0476478	BASE	354.76	354.76
02AM0476478	RIDERS	198.32	198.32
02AM0536972	BASE	241.68	241.68
02AM0536972	RIDERS	171.00	171.00
02AM0560836	BASE	147.44	147.44
02AM0560836	RIDERS	144.52	144.52
02AM0694580	BASE	132.00	132.00
02AM0694580	RIDERS	115.72	115.72
02AM0741417	BASE	123.28	123.28
02AM0741417	RIDERS	144.33	144.33
02AM0778292	BASE	226.78	226.78
02AM0778292	RIDERS	134.24	134.24